Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE VIII.—(*Concluded.*

ON DISTORTIONS OF THE TRUNK AND NECK.

Lateral curvature of the spine (continued).—The pathological conditions which result from lateral curvature of the spine may be divided into those effects which are produced immediately upon the spine and trunk, and those which are consequent upon these changes.

Confirmed lateral curvature is not purely a lateral deviation; for so soon as the curves become more or less permanent, the vertebræ which are involved in them become rotated on their axes in such a manner that the anterior surfaces of the bodies of the vertebræ occupy the convexities of the curves, and consequently present more or less laterally. In a severe case, such as that from which Fig. 24 was taken, the anterior surfaces of the bodies of the

FIG. 24.

vertebræ have undergone such an amount of rotation that they have acquired a lateral instead of their normal direction, and occupy the greatest convexities of the curves. But although the bodies of the vertebræ may have become thus rotated, the spinous processes may perhaps undergo only slight change, so as scarcely to indicate a lateral curve. These points are well shown in Figs. 25 and 26, especially in the dorsal curve, which, if traced by a novice, would scarcely be recognised as a spinal curve, although the bodies of the vertebræ are rotated to the extent of nearly a quarter of a circle. Perhaps, however, the course of the spinous processes in the lumbar portion of the spine is even more remarkable, considering the greater rotation which has taken place in this portion of the spine—rotation equal to one-fourth of a circle. Thus it is that a spiral twist of the spinal column may exist to a very great extent, through rotation of the bodies of the vertebræ, without the apices of the spinous processes describing a corresponding curve. It is important to remember this circumstance; for many become hopelessly deformed, because the mode in which spinal curves are formed is not rightly understood.

FIG. 25. FIG. 26.

While a lateral deviation of the spine is incipient only, the intervertebral cartilages become compressed laterally, and they recover their form when the superincumbent pressure is removed; just as is well known to occur in health, when a man of ordinary stature, who has been in an upright position during the whole day, loses from half an inch to three-fourths of an inch, through the compression which takes place of the intervertebral substances, and which he regains only after some hours spent in a recumbent posture.

When, however, these intervertebral substances become unequally compressed, and this effect is continued from day to day, they lose in a measure their elasticity, and do not recover their full form during the period of repose, but remain somewhat compressed and wedge-shaped. Curvature is then permanent, and rotation of the bodies of the vertebræ commences. The bodies of the vertebræ are not all in the same measure rotated; but those are most rotated which are nearest to the centre of the curve, and that vertebra which is central is most rotated and most wedge-shaped. This is shown in Fig. 27, where the vertebra in the centre of the lumbar curve is represented as rotated to the extent of one-fourth of a circle and wedge-shaped, while those above and below are both less rotated and less wedge-shaped. And in the same manner the intervertebral substances which enter into the curve are reduced in thickness.

Fig. 27.

These changes in form of the vertebræ during the development of a lateral spinal curve are very remarkable; but the most striking change which takes place in relation to spinal curvature is that which is effected in the shape of the thorax. The ribs necessarily follow the altered positions of the vertebræ to which they are attached, and undergo a movement of rotation backwards on the convex side of the curve, so that their angles are rendered more prominent, and they become more horizontal in their direction, while the intercostal spaces become wider than in their normal state; but on the concave side of the curve the ribs sink and become flattened, the intercostal spaces also become more or less effaced through overlapping of the ribs, and the ribs are carried forward, and become prominent on the anterior and lower part of the chest. On both sides of the chest the ribs are flattened; but on the convex side of the curve, in consequence of the rotation of the vertebræ into the convexity and of the flattening of the ribs, the lung is much compressed. Through these changes in the form of the thorax and others which are coincident with them, the capacity of the chest is diminished. Also, the appearance of distortion is much increased by the prominence of the scapula. On the convex side of the curve this bone is thrust up, and is placed obliquely, through the increased angularity of the ribs, and it is still further raised by muscular action.

The pelvis is not materially affected in an ordinary instance of lateral curvature of the spine. It becomes oblique, as has been already observed; and when the superincumbent weight is unequally transmitted to the ground, it becomes slightly flattened. When, however, the pelvis is affected with rickets, it becomes flattened from above downwards, both by the superincumbent weight and by the resistance of the lower limbs; so that the space between the promontory of the sacrum and the symphysis of the pubes is diminished. A case of this description is on record, where it was necessary to perform the Cæsarean section, in which the pelvis was so much deformed that a ball of one inch in diameter would not pass through the brim.

I will, in the second place, proceed to consider, cursorily, the changes which result to the parts contained within the compressed thorax, and to those which are attached to the trunk itself.

The thoracic space, on the convex side of the curve, is diminished by the flattening of the ribs, and by the rotation of the bodies of the vertebræ; and the heart is in consequence somewhat displaced towards the concave side of the curve. Respiration is considerably affected; and in consequence of the imperfect expansion of the chest and lungs, the right side of the heart becomes dilated, and the blood is insufficiently aërated.

The aorta follows the inflections of the vertebræ in spinal curvature. It is bound down to the spine by its branches, and, therefore, always follows the curves of the spine. Its course, under these circumstances, is well shown in a preparation numbered 3416 in the museum of the Royal College of Surgeons. In a practical point of view, this course of the aorta may appear to be a matter of only small importance. It deserves to be remembered however; for in a thin person, with the convexity of the lumbar curve towards the right side, the aorta may be felt immediately under the finger, lying out of its normal course, and to the right of the umbilicus. I have known the pulsation of the artery to suggest ideas of aneurism.

Together with severe lumbar curvature, there is always found obliquity of the pelvis. This obliquity of the pelvis is not a simple tilting to one side (one side being raised while the other is depressed), but there is at the same time a slight movement of rotation of the pelvis itself,—which, indeed, is necessitated by the circumstance of the lumbar curve and the rotation of the lumbar vertebræ; so that the anterior superior spinous process of the ilium is not only raised above that of the opposite side, but it is also in advance of it. In the female this obliquity is of less importance than in the male; but in the male the triangular ligament of the urethra, together with the rest of the pelvis, being twisted, the direct course of the urethra behind the ligament no longer corresponds with that in front of it. This twisted condition of the urethra may cause an impediment to the introduction of a catheter into the bladder; and it should always be borne in mind when stricture of the urethra exists in such a case. Whenever in cases of severe lumbar curvature it is required that an elastic catheter shall be used, this is always withdrawn moulded into a double curve, similar to the urethral curve.

The treatment of lateral curvature can only be undertaken with advantage when the cause of the curvature is understood, and, further, when the order in which the various curves have been formed is understood.

It must be obvious to all who reflect on the subject that it is useless to endeavour to remove a spinal curve whilst the cause of curvature yet remains; for, even should the curve be removed, it will recur so soon as the means which were adopted to remove it are discontinued, and the same cause will immediately again distort the spinal column in the same manner as before. Thus, let us, for instance, suppose that some affection of the lower limbs has occasioned obliquity of the pelvis, a primary lumbar curve and a compensating dorsal curve. The treatment which was formerly adopted was, without reference to the cause of curvature, to make pressure on the convexity of the dorsal curve. This mode of treatment was not only useless, but positively injurious: it increased the lumbar curve, and flattened still more the flattened ribs.

The course of treatment which should be adopted is, in the first instance, to remove the cause of the obliquity of the pelvis. Whatever this may be—whether it be some affection of the foot, knee, or hip,—it should be treated and removed, if not before, at least at the same time as the lumbar curve is being treated. Again, when the dorsal is the primary curve, it may be treated by means of a portable instrument, while the lumbar curve is supported by another portion of the same instrument. In this form of curvature, muscular exercises are useful to develop the muscles on the concave side of the curve.

The treatment of spinal curvature should be undertaken so soon as the slightest distortion is perceived. It is difficult to remove a spinal curve at any time; especially it becomes difficult when the disposition to curvature is inherited, and it can only be removed when mechanical means are rightly directed to this end. It was with good reason that Sir Benjamin Brodie said: "The treatment of the disease cannot be begun too soon after the first signs of spinal curvature are perceptible."*

* Lectures on Distortion of the Spine not connected with Caries.

A slight curvature of the spine is by some considered to be a matter of such trivial importance as to be unworthy of attention. It is a very serious error to offer such advice, however, and in later years it must occasion great distress. However trivial spinal curvature may appear in the commencement, its course is necessarily to produce increasing deformity, with more or less pain, and impairment of the general health. So little are the laws of equilibrium understood, that it is imagined by some that a wry-neck, or a "growing out" shoulder, or an oblique pelvis is an affair of small importance, and that distortion will probably not increase beyond that which is at the time observed. Some even are bold enough to imagine that a child will "grow out" of these distortions. These are delusions which observation quickly dispels. When curvature of the spine, from whatever cause, has commenced, it must go on increasing until, by the formation of compensating curves, the equilibrium of the body is restored.

Having explained how pathological spinal curves are formed, and how they are compensated, so that the equilibrium of the body may be restored, I will proceed to consider the application of mechanical means to the removal of spinal curves.

So long as a spinal curve is incipient, it may not be necessary to have recourse to mechanical support to the spine itself; but it may be sufficient to remove the exciting cause of distortion, and to develop the muscular system by means of well-directed exercises. When, however, these measures are found insufficient, support should be given to the spine itself without more delay.

If it be a fact that one curve is first formed, and that others are formed as compensatory of this primary curve—and no one can doubt it who has watched these cases attentively,—then it should follow that treatment must in the first instance be directed especially to the removal of this primary curve; for to remove a secondary curve without giving efficient support to the primary curve is the most certain mode that could be devised of increasing the original curve. Having determined, then, which is the primary curve, force should be applied (not on the greatest convexity of the dorsal curve, to flatten still more the ribs and render the sternum prominent) in that direction which shall tend to restore the positions of the ribs, and also to restore the vertebræ, which have undergone some rotation. This is most effectively done by applying the force to be used to the lower arc of the curve, both of the primary and of the secondary curve, when the curves are formed from below upwards; and when they are formed from above downwards the lower arc of the dorsal curve should be supported, and the upper arc of the lumbar curve. When the combined forces of a well-adapted instrument are made to act in the directions now indicated—namely, obliquely towards the centre, they tend to unbend the primary curve. The movement which is thus commenced in the primary curve is often greatly assisted by muscular action on the compensating curve. In this manner the several curves are at the same time acted on and unfolded.

The time which is necessary for the completion of this unfolding process depends on the degree of fixity of the curve, and on the ability to bear the treatment. Some never shrink from a well-fitting instrument, while others cannot bear effective pressure. Among the latter are those who suffer from rickets. Again, some cases are necessarily incurable, and they must be recognised from the beginning; such as those which are produced by inflammation and its results within the thorax, from congenital malformation, and also where anchylosis has taken place, whether in angular or in lateral curvature; for in the former a slight lateral curve not unfrequently forms above and below an irregular union, and in the latter, bands or bosses of bony matter are thrown out, uniting two or more vertebræ.

It is not necessary in this place to say that it is of the utmost importance to attend to the general health in the class of cases now under consideration, for constitutional treatment is especially needed where there is debility, and debility and rickets are the principal predisposing causes of spinal curvature. At the same time, therefore, that mechanical treatment is undertaken in order to remove deformity, constitutional treatment should, so far as is possible, be made conducive to the restoration of health.

REMARKS
ON THE
ANTISEPTIC TREATMENT OF WOUNDS.

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LIGATURE OF THE CAROTID, ETC.

THE editorial remarks regarding the antiseptic treatment of wounds contained in a recent number of THE LANCET, in which comment is made on the discrepancy of the results obtained by Mr. Lister and by other surgeons, induce me to notice briefly the result of my personal experience in this matter. And I do this with the more pleasure as it affords me the opportunity of recording the first cases in which the antiseptic catgut ligature has been successfully used on the human subject.

Before detailing these cases, I would remark that for several years I have used carbolic acid in various forms in the treatment of severe wounds, and have the utmost confidence in its power in preventing putrefaction and the inflammatory processes dependent on disorganisation. One case, vividly impressed on my mind, and which I can never forget, occurred in the summer of 1867. A man was admitted into my wards, with his right hand terribly crushed and lacerated by being caught between the cog-wheels of machinery. Several of the metacarpal bones and the phalanges of all the fingers were more or less extensively fractured, and the soft parts were generally so much contused and detached that amputation appeared inevitable. The thumb, however, and its metacarpal bones were uninjured, and I should have proposed to preserve this much had it not been that the soft parts around were so lacerated that it seemed doubtful whether sufficient living structure could be obtained to form an efficient covering. In order to gain time for determining this point I resolved to wait, expecting that a line of demarcation would presently form, and indicate how much texture was irrecoverably destroyed. The hand was placed on a pillow covered with macintosh, and irrigation with carbolic-acid lotion (one part to forty) was constantly maintained by means of bottles, with strips of lint hanging from their necks, suspended from the cradle placed over the limb. Day after day I carefully looked at the parts, but failed to find any indication of inflammatory action, either in the hand or in the arm above. There was not the slightest redness or swelling, or even constitutional irritation. Everything looked exactly as it did when first put on the pillow, and I even began to hope that, after all, the whole of the hand might be saved. At length, on the twelfth day, wishing to examine the progress and condition of the parts more minutely, I ventured to raise the limb, and then, to my disgust and astonishment, it was obvious enough that the whole hand was absolutely devoid of life. That such a state could have been maintained for twelve days without any visible signs of change in the injured part or in the limb above, and without any constitutional symptoms, was indeed wonderful; and that the absence of putrefaction and consequent inflammation was due to carbolic irrigation was abundantly shown by these phenomena rapidly supervening after irrigation was discontinued, and the parts wrapped in a poultice preparatory to amputation.

Aneurism of the carotid; Hunterian operation, with antiseptic catgut ligature, both ends being cut off; complete primary union within a week; cure.—William R——, aged thirty-two, was admitted into my wards on the 3rd April, suffering severely from aneurism of the right carotid. It had originated near the bifurcation twelve months before, but had not enlarged materially, or caused any serious inconvenience, till three weeks before admission, when a sudden increase took place, due probably to rupture of the sac. When admitted, the tumour was the size of a large orange; it overlapped the angle and base of the jaw, and extended downwards to within an inch and a half of the top of the sternum. Its lateral dimensions were equally extensive; and internally the tumour encroached on the pharynx so much that the unfortunate patient was almost unable to swallow or to speak. He was continually expectorating his saliva, and

was in such pain and distress as to be unable to lie down or sleep. His pulse was constantly above 100, and his countenance indicative of great distress.

Aconite, digitalis, and opium were severally administered, and alike failed to afford any relief; and as it was evident that the man had not many days to live unless relieved, I determined to tie the common carotid without delay. Even this measure afforded but slight prospect of cure, for symptoms indicative of perverted action in the brain had already set in. On the day before admission, his sight, previously good in both eyes, had almost gone from the right one; the pupil was dilated and nearly insensible, and there was a slight divergent strabismus.

On the 6th of April I tied the common carotid, about an inch and a half above the sternum, with fine catgut, previously prepared with carbolic acid, according to the directions of Mr. Lister. The operation was more difficult and tedious than usual, owing to the limited space and to a peculiar arrangement of the bloodvessels. The aneurism-needle was, in the first instance, passed round an artery fully as large as, and exactly in the situation of, the carotid trunk; and I was about to encircle it with the ligature, when I observed that its compression in no way influenced the pulsation in the aneurismal tumour. A little further examination and dissection then revealed the true carotid, which lay exactly in the same plane as, and parallel to, but outside, the vessel before denuded. It was very much enlarged, being as big as the forefinger between the second and third joint. Around this the ligature was safely carried, tied tight, and both ends cut short off. During the operation care was taken that all sponges and everything used were washed with carbolic lotion (one part to forty of water). After all oozing of blood had ceased, the edges of the wound were brought together by several silver sutures, washed again with carbolic lotion, and neatly adjusted; and then a piece of lint, three folds in thickness, and large enough to overlap the line of incision at least two inches in every direction, thoroughly soaked in carbolic oil (one part in five of oil), was applied and carefully adjusted, so as to rest evenly on the irregular surface. Over this again a somewhat larger piece of lint, similarly prepared, was placed; and then upon this two thicknesses of gutta-percha tissue. Cotton wadding and a bandage completed the dressing.

It is unnecessary to give a daily report of the progress. It is sufficient to mention that each day the patient improved in condition and in comfort, and, after the fourth day, was able to swallow with comparative ease; the pulse gradually declined in frequency, and the expression became one of comfort and thankfulness.

The local treatment consisted in maintaining, as far as practicable, absolute rest; but this was a matter of difficulty, for, owing to the encroachment of the tumour on the pharynx, the patient was harassed, as before the operation, with constant cough and desire to expectorate. Each day, the dressings, *except the under-fold of lint*, were carefully removed. This under-fold was well smeared over with the carbolic oil, and care taken to let a little of the oil get beneath its margins all round; and then fresh lint soaked in the oil was put upon it: gutta-percha, cotton-wool, and a bandage as before. Such was the daily routine. No serum, pus, or discharge of any kind escaped. On the seventh day I ventured to remove the under-fold of carbolic lint, taking care to let a quantity of the carbolic oil run under it as I lifted it up. The entire line of incision appeared to have united by primary union; there was not one drop of discharge. In fact, it looked exactly as I had left it when first covered up. Under cover of the oil, I then removed all the sutures; and probably I might then have dispensed with any further dressing to the part, but I wished to be quite secure, and feared, if I did so, that the points of suture might inflame, and suppuration spread thence to the deeper parts of the recently healed wound. I therefore decided to reapply the carbolic dressing, as before, for a few days longer. Five days afterwards, I again removed the under-lint, and found every part so perfectly sound and firm that no further precaution was required. There was no swelling and no thickening of tissues; nothing, indeed, except a simple linear cicatrix, such as must have occurred had the incision merely extended through the skin.

The consolidation and absorption of the aneurismal tumour progressed most satisfactorily. At the end of three weeks the patient was allowed to leave his bed. The sight of the right eye greatly improved, although the squint remained. He left the hospital on the 13th of April, cured.

(To be continued.)

CASE OF TUMOUR ORIGINATING IN THE PTERYGOID FOSSA, AND DEVELOPING TOWARDS THE BUCCAL CAVITY, SUCCESSFULLY REMOVED.

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MARGARET B——, aged sixty, was recommended to my care by Sir James Y. Simpson, and admitted into Chalmers Hospital on the 5th October, 1868.

History.—The patient states that seven years ago she observed a swelling along the lower border of the jaw in front of the angle, and a fulness in the region of the parotid upon the right side. These swellings, which seemed to be independent of each other, were most marked when the mouth was closed, and diminished when opened. When first observed the patient experienced no uneasiness. Under the impression that they were simple glandular swellings, for the time being she gave no particular heed to them. About six months afterwards she noticed a swelling which bulged into the buccal cavity, on the level of the molar teeth, and extended as far back as the soft palate. Since that period up to the present time the whole of these swellings, cervical and buccal, have steadily increased; the enlargement gaining most towards the mouth, least in the submaxillary region.

Present condition (Oct. 5th.)—There is a well-marked tumour in the parotid and submaxillary region, obliterating in the former the sulcus between the jaw and the sterno-mastoid muscle, and occupying the whole digastric triangle beneath the maxilla. These swellings are deeply seated, are separated from each other in the situation of the angle of the jaw, and offer a resistance quite like that of the parotid and submaxillary glands. On opening the mouth, nothing but the rounded surface of a large tumour is seen, immediately behind the teeth, hiding the fauces posteriorly and concealing the tongue from view. This tumour obviously springs from the right side; it presents an elastic resistance, almost fluctuating in its character, at its most prominent point. The mucous membrane, by which it is covered, glides smoothly over the surface. On pressure outwards the tumours in the parotid and submaxillary regions become increasingly prominent. Deglutition and mastication are impeded—mastication so much so that some time since she was obliged to have all her teeth on the affected side extracted to afford relief. More recently, respiration has become involved; and at night she is frequently obliged to sit up on account of the threatened attacks of suffocation. The difficulty in deglutition commenced more than two years ago, and at that time she consulted two surgeons of great eminence, each of whom refused to interfere, and cautioned her against permitting anyone to operate upon her.

Diagnosis.—I expressed my conviction that the tumour was simple in its nature, that it commenced in the pterygoid space, and had gradually developed itself in the direction of least resistance—i. e., inwards towards the mouth and throat. That the swellings on the external parts, in relation with the base and ascending ramus of the jaw, were simply the parotid and submaxillary glands displaced and rendered unnaturally prominent. The grounds upon which I arrived at this opinion were: 1, the slow growth of the tumour; 2, the non-implication of neighbouring structures; 3, the entire absence of all cachexia. To make my assurance upon this matter absolute, I thrust a large trocar and canula into the most prominent part of the buccal aspect of the tumour, and, having withdrawn the trocar, employed the canula to cut out a portion of the soft substance of the fleshy mass. I found this to be composed entirely of a fibrous

stroma, enclosing minute nucleated cells and nuclei, in the form of rounded masses. The tumour was thus shown to be a simple glandular tumour, analogous to those met with in connexion with the mammary gland, or within the parotid fascia, or in the substance of the prostate.

Oct. 7th.—An angry, diffused, mulberry-coloured redness has suffused the surface of the tumour in the neighbourhood of the puncture. The parts are swollen and tender; deglutition and respiration are more interfered with; the whole right side of the neck and face is painful; the pulse is accelerated, and the general temperature raised. Desired to foment the mouth with hot water.

17th.—All tenderness has subsided, and all the redness is gone except that part produced by blood extravasated beneath the mucous membrane covering the surface of the tumour. Having placed her deeply under the influence of chloroform, I proceeded to operate in the following way:—Dividing the lower lip from the prolabial edge to the mental prominence, and sweeping the knife from that point, I terminated the incision midway between the angle of the jaw and its articulating process on the right side. The labial and facial arteries were at once secured, and the soft parts dissected up on the right side as far as the situation of the bicuspid teeth. The lower jaw was now divided with the saw in the bicuspid region, and the knife, carried along its inner side, divided the insertion of the mylo-hyoid and internal pterygoid muscles. The base and angle of the jaw were now readily turned outwards at right angles to the zygoma, so as to expose the pterygoid region and the whole extent of the external and anterior surface of the tumour as far as the angle of the jaw. I then divided the mucous membrane covering the tumour, from the palato-glossus to the exposed part, cutting through some fibres of the internal pterygoid which remained undivided upon the surface. In less time than the description of the operation has already occupied I completely detached the tumour from all its surroundings. In doing so, I exposed, as in a dissection, the tonsil, the palato-pharyngeus and constrictor of the pharynx, the internal carotid artery, the eighth nerve, the internal jugular vein, the ninth nerve, the terminal branches of the external carotid artery, and the inferior division of the fifth nerve. Every vessel which bled was at once secured, so that the loss of blood was trifling, certainly not amounting in all to more than three ounces. After sponging out the cavity left by the removal of the tumour, which resembled a careful dissection of the parts external to the middle and superior constrictors of the pharynx as high as the base of the skull, I restored the right ramus of the jaw to its position, and, piercing two holes through the base of the bone on each side of the saw section, tied them together by means of silver wire. The soft parts were then adjusted, and united by means of wire sutures.

The after-treatment consisted simply in washing out the mouth with dilute Condy's fluid, and feeding the patient upon fluid nourishment. The whole external incision, except one point corresponding to the angle of the jaw, healed by the first intention. From this aperture a free escape of fluid employed to rinse the mouth occurred during the first week, but after this it healed rapidly. The patient was retained in hospital till Nov. 17th, and was then dismissed quite well.

I saw this patient a few days ago (April 12th). She was then in perfect health, and, except the line dividing the lower lip in the middle, there is no obvious evidence of the operation, the incision line along the base and ramus of the jaw lying concealed under the prominence of the margin of the bone.

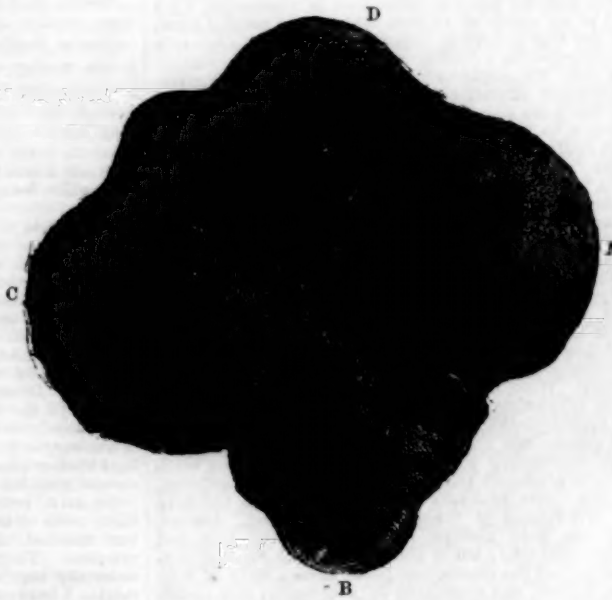
The aspect of the tumour, as seen from its posterior and external surface, is shown in the accompanying woodcut. The apparent size and plumpness of the mass, as originally removed, is lost to a considerable extent by soaking in spirit. The rounded portion, A, corresponded to the deep parotid region; B to the submaxillary; C to the pharyngeal; and D to the palatal. The opposite surface presented a uniform and smoothly rounded surface, with one large and prominent elevation in the anterior part of the central bulge. The surface of the tumour was smooth and glistening; the general fibrous capsule loose and filamentous. The mass of the tumour was composed of lobes (A, B, C, D), and these again of lobules, or leaflets, in some portions closely resembling the external aspect of the cerebellum. These lobules were soft and easily lacerable under the fingers, and were composed entirely of filamentous tissue, together with glandular structure cells and nuclei arranged in circular and ovoid masses, in alveoli composed of delicate fibrous interlacements.

So far as I have been able to learn, no case of simple tumour occupying this situation, and growing inwards towards the throat, has ever before been placed on record. Similar tumours developed in connexion with the parotid, under the parotid fascia, displacing or causing atrophy of the parotid gland, and bulging externally from behind the ramus of the jaw, are sufficiently common, and have frequently been removed. They, in fact, constituted those parotid tumours, as they were called, in the removal of which our forefathers conceived they cut out the entire parotid gland.

Medullary tumours occupying this site, invading also the buccal cavity, rapidly involving all neighbouring tissues in one confused cancerous mass, and proving fatal usually by ulceration and repeated hæmorrhage, are not uncommon objects of pity, but afford no opportunity for surgical interference.

The case further seems to have eluded the acumen of the gentlemen previously consulted, who obviously regarded the disease as of a malignant kind, certainly as quite unsuited for operative treatment.

The method of procedure was also, I believe, quite novel for the purpose of removing a tumour. A somewhat analogous mode of operation was some years ago recommended by the late Mr. Guthrie,* as a preliminary to ligature of the internal carotid upon the level of the tonsil, and above that point; though, so far as I am aware, it was never carried out in actual practice in the way he describes.



* Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. By G. J. Guthrie, F.R.S. Fifth edition, 1853, p. 249.

ON DRUG ACTION.

BY EDWIN PAYNE, M.D.

WHEN, as in the present time, the questions arise, Shall we give any medicine or not? Has the medicine done any good? the matter with reference to the effects of medicines cannot be regarded as unimportant. Some medicines appear to have an elective power for influencing certain parts of the organism in preference to others: thus arsenic exerts its influence upon the skin and the mucous membrane; iodine influences gland structure. May we not attempt to reduce our empirical knowledge of drug influence to some kind of law, instead of leaving it in such subjection to the law of disorder? I am quite sure that men who think, and who speak honestly what they think, have been frequently much disappointed when, after diagnosing their case, they proceeded to treatment. A desire for some kind of law, for something a little nearer to certainty, has been the thought, if not the expression. The following remarks are advanced with the idea, not that such is the one law regulating the action of medicines, but that sometimes such a theory might be of use in regulating the administration of some remedies, and that by placing points in various ways, it occurs that the thoughts of other readers are started again, either to traverse old paths with new vigour, or are found to strike off in a new direction, at last leading up to the truth. With these few prefatory remarks I offer the following.

The healthy or unhealthy condition of capillaries, which ultimately form our organism, is that wherein consists, in a measure, health or disease. When the capillaries of any part are wearied, they begin to dilate; the structure then gradually becomes congested, and it ceases, in a degree at least, to perform its function. Now these capillaries, differing in degrees of fineness, have a healthy condition which we may term "contraction," and in unhealthy conditions their state is "dilatation." Suppose, for the sake of illustration, that the healthy contraction is represented by a space of an eighth of an inch between two parallel lines: then the first unhealthy departure, that of irritation, may be represented by a dilatation of that space to two-eighths of an inch; the second unhealthy stage, that of congestion, by a further dilatation to three-eighths of an inch; and then the third stage, that of inflammation, by a further dilatation to four-eighths of an inch. This is the stage where exudation and breaking down of structure may occur, or else from which, as also from either of the preceding stages, the capillary returns to its healthy condition of contraction. This return is what the proper dose short of aggravation can effect. The remedy which has what may be termed "elective power" for the capillary structure affected is capable of accomplishing this return, by inducing healthy tone or contraction; but if over-doses of that same remedy be administered, then, by over-contraction being induced, tone is depressed and weakness ensues, and the various stages of dilatation up to the destruction of tissue will follow in proportion to the amount of the over-dose. What exercise is to the body generally, contraction is to a capillary. What over-exercise is to the body generally—that is, exhaustion and weakness,—that over-contraction is to a capillary—that is, dilatation, loss of tone, weakness. Thus quinine can tone capillaries; it can contract them. If this contracting power is pushed too far—if too much quinine is given,—it becomes a dilator of these capillaries, and then ensue headache and pain and noise in the head from over-fulness of these vessels so induced. Arsenic, again, can tone, contract the vessels of the skin and mucous membrane; but if given in too full doses, or continued beyond the contracting point, then a state of dilatation follows, and congestion &c. may ensue; the eyelids begin to look red, and feel irritable. Iodine and mercury will be found to produce somewhat similar results,—*too much* producing congestion, and *exudation* following to relieve the congested vessels, or inflammation ending in destruction or ulceration of parts.

That an agent produces an effect upon a part—we may say congests it—should not lead us to say it is not a safe remedy, but rather that such condition following its use shows that it has a power to influence the capillaries in such a part; and that we have administered it in too large a quantity, or continued it for too long a time. We may resume its use after a time, but in smaller quantity. May we conclude from observation that a drug which will dilate a capillary has the power of contracting that capillary if given in a smaller quantity? May we conclude from observation that if we find evidence of a congested, a dilated condition of capillaries as the effect of disease or loss of power, we can by the proper *contracting* dose of a remedy, having elective power for that portion of the organism, restore those capillaries to their healthy degree of contraction?

Another point of interest is that with reference to medicines said to be *cumulative*. Perhaps we might attempt an explanation thus:—These medicines remain in the system, and then all at once evidence their action. Let us take mercury as an instance. A patient takes mercury, and he gets little or no effect from it. After some days it is discontinued; but then, within a few hours, he is found to be under its influence. Now, was the dose of mercury here so excessive that it caused over-contraction of the capillaries, and therefore the sequence—their dilatation? This subsiding, the mercury was found to evidence its action all at once; because the capillaries, becoming uncongested, could then answer to its influence.

These appear to me to be points of interest in the study of *drug* action, and, if truly answered in the affirmative, might aid us in acquiring a greater degree of beneficial certainty in the administration of remedies.

Tavistock-crescent, Westbourne-park, May, 1869.

MORBUS SATURNINUS (LEAD-POISONING).

BY WILLIAM FRANK-SMITH, M.B. LOND., F.C.S.,
LECTURER ON MEDICINE AT THE SHEFFIELD SCHOOL OF MEDICINE, PHYSICIAN TO THE SHEFFIELD GENERAL INFIRMARY, LATE PHYSICIAN TO THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

SEEING in my hospital and dispensary practice a very large number of cases of lead-poisoning among the file-cutters of Sheffield, I have been able to notice one or two points worthy of remark:—(*a*) As to the mode in which the lead enters the system. (*b*) As to certain rarer symptoms of the disease. (*c*) As to the elimination of the *materies morbi*.

(*a*) *As to the mode of ingress.*—As is well known, in the file trade a small leaden anvil or bed, on which the file is held while being cut, is the source of the poison. I have reason to believe that it is almost entirely through the skin of the hands that the lead penetrates. The file-cutters generally wear the nails long, especially the thumb-nail of the left hand, which holds the chisel and is in constant contact with the lead. Behind these appendages a large quantity of black dirt accumulates. I collected some of this from several men, and had no difficulty in chemically detecting lead. Again: having heard of the use of sulphuretted baths, I employed a solution of potassium sulphide, applied with lint and gutta-percha like a water-dressing. In several cases the skin of the hand became dyed with the lead sulphide. In several cases, also, in which this local treatment had been continued many weeks, it was very curious to observe that, while the *old nail was dyed black or deep brown, the new nail near the matrix had its natural white colour.*

(*b*) *As to certain symptoms.*—(1) Lead kidney: I have short notes of two cases in which a fugitive albuminuria was detected. In these cases palsy was the prevailing symptom. They were chronic cases, with evidences of an unusually high degree of plumbic saturation.—(2) Neuralgia: I have notes of ten cases of plumbic neuralgia. Of these, in seven the pain was confined to the left thumb and hand; in two the crural nerve and the patellar plexus were affected very severely; in one the pain was over the frontal nerve.

(*c*) *As to elimination.*—When I commenced practice in Sheffield, I employed the iodide of potassium as an eliminative, and while employing it made a somewhat remarkable observation, which has been since confirmed by Dr. Hilton Fagge. A man came under my care with severe lead palsy.

On examining his mouth, I was surprised to find the lead line absent; there was no trace of it, though I looked carefully with a good lens. I pointed this out to the then house-surgeon, Mr. Cooper, and to one of my colleagues. The patient was placed under the iodide treatment—doses, ten grains three times a day. In the course of a week or two I was very much surprised to see little arches of black puncta over the roots of the teeth, and in the course of a few more days the blue line was well marked, disappearing again before he left the hospital, about six weeks after his admission.

Dr. J. C. Hall has mentioned this case in his paper in the "St. George's Hospital Reports." Dr. Hall, who has had very extensive experience in these cases, employs a mixture containing sulphuric acid and sulphate of magnesia; and after careful comparison of the results of the sulphuric and iodide treatment, I have now no doubt as to the superiority of the former.

The mixture which I employ, and which acts with remarkable celerity and certainty, is as follows:—Sulphate of quinine, sulphate of iron, of each one grain; strychnia, thirty-sixth of a grain; dilute sulphuric acid, five minims; sulphate of magnesia, one drachm; water, one ounce: three times a day.

Sheffield, May, 1869.

SUBCUTANEOUS INJECTION OF MORPHIA AND ACONITE IN CONVULSIONS AFTER LABOUR.

By R. M. BOWSTEAD, M.D.

AMONGST the anomalies requiring prompt aid, none require the help of the accoucheur more than puerperal convulsions. In country practice they rarely occur; yet they are always attended with an amount of danger, on account of the fear of effusion on the brain, or as a precursory sign of puerperal fever or peritonitis following. About two years ago I had two cases, which did so well, and recovered in so short a time, that I think it will be interesting to publish the facts, so that others may have an opportunity of trying my plan of treatment; and, if successful, I shall be glad to hear from anyone who may have been equally fortunate.

A. C——, aged nineteen, was delivered of a full-grown child at 10 o'clock on the morning of the 10th of April. Her labour was rather tedious, but natural, and I left her very comfortable. At 7 P.M. I was sent for, and found her in a fit of convulsions, held down by four assistants. I applied cold to the head, and gave her full doses of antimony. At 10 P.M. the convulsions still continued. I administered a turpentine enema. At 1 A.M. convulsions as bad as ever. I applied a mustard poultice to the neck, and hot water bottles to the feet. At 3 A.M. the convulsions had ceased; but the patient was delirious, and wanted to destroy her child. In about an hour the convulsions returned, and at 7 A.M. I found her as bad as ever. I gave her a small dose of morphia to procure a little sleep if possible, but to no purpose. All the day her convulsions continued. I had the head shaved, and ice applied. She could take no support. At 7 P.M. I found her sinking; her efforts to get away from those who held her had exhausted her. I therefore injected in the arm two minims of aconite (Fleming's) and one-third of a grain of acetate of morphia. In less than five minutes all the convulsions had ceased, and she was quietly sleeping. She slept for eight hours, during which time she perspired most freely, and on awaking asked for food. The rest of the treatment consisted of good support, and in three days she was convalescent.

About a month ago she was delivered of another child, and has done well.

J. H——, aged twenty, was delivered at 5 A.M. of a well-developed child. The labour was natural. At 10 A.M. I was sent for to see her. I found her held down to the bed, she struggling fearfully, and attempting to tear her bandage off. She was much exhausted by her struggles, and foamed a great deal at the mouth. I could not get her to swallow anything, and at once injected into the arm the aconite and morphia. In a minute all the convulsions had ceased, and her arms fell down to her side. She slept quietly for seven hours. When she awoke I ordered her beef-tea, with a little brandy if faint. She had no return of convulsions, and when I saw her on the second day she was convalescent.

High Wycombe, May, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

HOSPITAL OUT-PATIENT PRACTICE.

IN-GROWING TOE-NAIL.

THIS painful affection is often a source of great worry to the medical attendant, as it is always a misery to the unfortunate patient. Our readers will be glad to know what kind of treatment is found best in the large experience of our metropolitan hospitals. We are pleased, therefore, to have the opportunity of laying before them notes upon the subject from five well-known hospital surgeons, whose opinions will be read with interest and instruction.

KING'S COLLEGE HOSPITAL.

In slight cases of in-growing toe-nail—an affection which in the great majority of instances has its seat in the great toe only, and is caused by the lateral compression of the toe by the boot—Mr. Wood scrapes down the nail on the affected side until it is thin and yielding, like paper. The thickened skin overlapping the nail is then pared off with a sharp thin-bladed knife until it is close down to the raw, but not so far as to draw blood. A pointed stick of the nitrate of silver is then applied lightly to the painful ulcerated chink, and a small piece of lint, rolled up so as to fit into the groove of the nail, is dipped in glycerine and applied by means of a thin strip of adhesive plaster or small india-rubber band.

In cases where the mischief is the result of hypertrophy of the thick skin forming the lateral margin of the groove, and without any deformity in the shape or thickness of the nail itself, Mr. Wood pares off skin, under ether spray, to a level with the nail, and then applies the pressure as before by means of a small roll of lint. If the toe-nail itself be broad, distorted, irregular, and bent laterally by the pressure, the best plan is to remove a triangular portion of the nail itself in the middle line, the angle reaching down to the centre of the nail. This allows the nail to fold up and accommodate itself to the limited space without digging in at the edges.

But if there be much ulceration, irritation, and distorted growth at the matrix of the nail itself—which in long-continued cases, and in scrofulous or syphilitic conditions of the system, is sure, sooner or later, to ensue,—the only plan from which effective relief can be obtained is by the time-honoured but excruciating process of division into the quick, down the nail itself at the inner third, and evulsion of the affected part of the lunula from the matrix. In doing so, it is important to get all that part of the root away entire, as a small portion growing up with an irregular angle will cause a speedy return of the disease. In all cases it is important also so to regulate and ease the boot, during the renovation of the nail, that the skin should not again overlap and be forced down upon the edge, which always induces a return of the disease.

ST. MARY'S HOSPITAL.

Mr. Norton never performs any operation in the treatment of in-growing nails. He applies, in the following manner, a solution of liquor potassæ (two drachms to one ounce). A piece of cotton-wool is saturated with the solution, and pressed gently down between the upper surface of the

nail and the soft tissues, which latter are usually in the form of a fungous mass of granulations. The solution permeates the substance of the nail, and softens and pulpifies the superficial cells. The wool is kept continually moist with the lotion, and the softened nail-tissue is wiped away each morning. The nail in a few days becomes thin and flexible, and if desired, can now be pared away without pain, or it may be allowed to remain for a few days longer, when it becomes entirely removed by the solution. Mr. Norton considers it most essential in the treatment that the lotion be continued until all ulceration has disappeared, otherwise the too early hardening of the epithelium becomes again a source of irritation, and promotes a return of the disease, or rather prevents a cure from being effected.

Of the several cases treated by this method during the past two years, one of whom suffered from in-growing nails on both great and both second toes, not one patient has returned to the hospital, and, therefore, Mr. Norton believes that in no case has there been a recurrence of the affection.

ST. THOMAS'S HOSPITAL.

Mr. Croft finds that, commonly, patients suffering from this disease do not come under his notice until the affection has been some time in progress. In such cases it is his practice to adopt the radical cure advocated by Dupuytren, which is to divide the nail lengthways, and turn out the in-growing half of the nail. In all but the hardiest patients he employs the ether spray to benumb the toe. He prefers to cut down the centre of the nail with a strong short scalpel, and then to raise the half-nail to be removed, by forceps (using the latter as a wedge), before plucking it from the matrix. In other cases he slits up the nail with scissors. He prefers this radical plan of treatment in advanced cases, because it saves the time of both the patient and surgeon, and because other plans include, besides time, frequent skilled dressings, of which poor people are rarely capable. In an early stage, Mr. Croft cuts out the in-growing corner of the nail, cauterises the granulations deeply with nitrate of silver, places a small pad of lint on the cauterised spot, and then, by means of a long narrow strip of plaster winding round the toe from the unaffected side, fixes the pad firmly in its place, at the same time directing its pressure *from* the nail. Under this treatment, well carried out, he finds cicatrisation soon takes place. Absolute rest is enjoined. The nail requires to be kept carefully trimmed.

Mr. Croft has just cured, by the radical plan, the brother of a girl who had suffered from in-growing nail in both great toes. The second toe became affected some months after the first had been cured.

UNIVERSITY COLLEGE HOSPITAL.

Mr. Christopher Heath has never seen any good result from paring the centre of the nail, or applying caustic to the exuberant granulations overlying its margins. He has always found the simplest and most satisfactory method of treatment to be, to take a narrow slip of the nail away with the scissors and forceps, taking care to extract the whole depth of the nail, which is not always easy owing to the sodden condition in which the tissue has been kept for a length of time, by which it is rendered very friable. When the edge of nail thus extracted is examined, it almost always presents a rough serrated margin, and it is this which causes the irritation. After the removal of the source of irritation the use of careful dressing, with lint gently pressed down by the side of the nail, is necessary to repress the granulations, and the use of a lotion of nitrate of silver or sulphate of copper (two grains to the ounce) has been found very advantageous. Mr. Heath finds it necessary to warn patients who have suffered from in-growing nail to wear wide-toed boots, and to keep the sulcus between the nail and the flesh clear of epithelium. They should be careful also to apply for relief the moment they feel uneasiness from the nail, when a perfectly painless removal of a small portion of the nail prevents further mischief.

In inveterate cases, where the nail and toe are deformed, the former being very much in-curved, Mr. Heath recommends the removal of a slip of nail on each side, and the destruction of the corresponding portions of matrix, under chloroform, either by removal with the scalpel, or the application of the actual cautery. This lays the patient up for a few days, but effects a permanent cure. Mr. Heath believes that it is never necessary to remove the entire nail, by splitting and avulsion, as is often recommended.

WESTMINSTER HOSPITAL.

Mr. Francis Mason has had under his observation at this hospital during the last few months an unusually large number of cases of in-growing toe-nail. Mr. Mason believes that the plan ordinarily recommended of cutting the toe-nails as we do the finger-nails—that is, of rounding their corners—often induces the condition it is intended to obviate. He has generally found that the so-called in-growing toe-nail has been primarily caused by injury in trimming the nail. Too much of the corners is removed, and a sensitive and occasionally a bleeding surface is left. The patient will soon after perhaps wear a tight boot, or possibly may take a long walk. In the act of walking, the tender surface is pressed up against the slowly-growing nail, causing increased irritation, and giving rise to those painful granulations invariably seen, in different degrees, in such cases. Mr. Mason therefore advises that the free edge of the toe-nail should be cut square. Respecting the treatment of in-growing toe-nail, the plan which Mr. Mason has most confidence in is this: A sharp-pointed stick of solid nitrate of silver is applied with some vigour to the base or under-surface of the painful granulations, and a small piece of dry lint, or lint dipped in black mercury lotion, is then carefully inserted, and the whole toe surrounded with water dressing. An astringent or other lotion, according to circumstances, may be subsequently employed. The highly sensitive surface is thus destroyed, and the patient is enabled to attend to his business in comparative comfort. Such a plan of treatment has been found uniformly successful in Mr. Mason's hands, and he believes that occasional apparent failures are due to the method not being thoroughly carried out. It should be remembered that it is useless merely to touch the surface of the granulations with the caustic; the base is the part to be attacked. If the operation be efficiently performed, it is doubtless attended with considerable pain for the moment; but the pain is reduced to a minimum by the use of the ether spray, and especially if the caustic be well pointed, instead of being, as so often happens, broad or angular at the extremity. Evulsion of the nail is seldom required for this condition, being more suitable—indeed necessary, combined sometimes with the free application of the strong nitric acid—in cases of disease of the matrix, questionably entitled "onychia maligna," which is not unfrequently met with on the fingers of unhealthy and ill-fed children.

Reviews and Notices of Books.

Treatise on the Diseases of the Ear; including the Anatomy of the Organ. By ANTON VON TRÖLTSCH. Translated and Edited by Dr. D. B. ST. JOHN ROOSA. Second American, from the Fourth German, Edition. pp. 566. New York: Wood and Co. London: Trübner and Co.

FIVE years have elapsed since the first American edition of Von Tröltsch's Text-book of Aural Surgery appeared. During the interval much progress has been made in the study of aural physiology and pathology. We should, therefore, have expected to find correspondingly advanced views of treatment, as well as improved anatomical definitions, in the pages of the treatise now under consideration,—the more so as "the Anatomy of the Organ" is now incorporated with the work. To quote from the translator's preface: "Although this volume is nominally a revised edition of the former one, it is in fact a new work." We extremely regret it. The first was an unpretending little seven-and-sixpenny volume, in the form of academical lectures, which at the time of its publication we considered to be, notwithstanding many serious defects in translation and otherwise, about the best manual of aural surgery. The present work has more than doubled in bulk, and nearly trebled in

cost, without any increase in value or importance; while all its previous blemishes reappear in an aggravated form. We proceed to point out a few among the many errors and inaccuracies which make the book almost worthless as a guide to either students or practitioners,—premising that, without the original treatise at hand for comparison, it is impossible to ascertain the proportion of blame justly to be borne by author, translator, or even printer. Some of these blunders are simply astounding. For example, under the head of Anatomy, on p. 28, we find an engraving purporting to be "the membrana tympani, as seen from the auditory canal." It will scarcely be believed that this, the most important of all regions of the ear open to the inspection of the surgeon, is not only most untruthfully delineated, but that the whole engraving has been so altered from Grueber's work, whence it is copied, by being turned 90° round to the left, as to convey a totally false idea of the position of the parts.

The surgical instructions are equally unsafe. In speaking of the extraction of foreign bodies from the ear, we are told (p. 488) that "the posterior auricular artery runs immediately behind the auricle in the angle which it makes with the mastoid process; this artery is quite a large vessel, and this is the point indicated for an incision." (!)

We need scarcely warn any aural student against depriving his patient of hearing by acting upon the author's plan, described at p. 390, of maintaining an opening in the membrana tympani after perforation (an operation here called "paracentesis"): "I would make a large flap in the membrane, and attempt to cause it to adhere by pressure or attachment to a portion of the cavity of the tympanum or auditory canal, whose surface has been previously freshened." Imagine a similar operation upon the analogous structure in the eye, the iris.

We commend the following lucid sentence (p. 260) to the attention of surgeons, as a specimen of diagnosis between affections of the conducting apparatus and of the auditory nerve: "Patients with stoppage of the meatus (by cerumen, a foreign body, furuncular inflammation), alterations in the tension and thickness of the membrana tympani (from closure of the tube, myringitis), or in whose middle ear the air encounters resistances (e. g., by a collection of mucus or pus in the ossicula, by their rigidity, or by relaxation or thickening of the membranes of the fenestræ), if the affection be in one ear only, or of different degrees in the two ears, and there is an abnormal condition of the labyrinth, are able to hear a tuning-fork placed on the median line of the vertex of the head, better in the affected ear than in in the other." To assist the reader in hazarding a guess at the author's meaning, we point out to him that the nominative is to be found in line 1, the verb in line 10, of the page. Further, to avoid fatal misconception of what he is reading about, he must bear in mind that throughout the volume the word "drum" does not mean the *cavity* of the tympanum, as we always understand it, but the membrana tympani, which we call the drum-*head*.

Want of space precludes our entering at greater length into the analysis of this work. The surgeon already so conversant with the subjects treated of as to incur no risk of being misled, may read it, and derive advantage from having the results of recent German investigations placed before him, though in a most clumsy and dishevelled form. Enough, perhaps, has been said, and sufficient extracts presented, to indicate its untrustworthy character as a book of authority or reference. We should have greeted its appearance with real satisfaction had it been in any measure fitted to supply the want of a genuinely accurate and useful guide, especially in modern aural therapeutics; but it must once more be very plainly stated that to this position Dr. von Tröltsch's treatise, in its present shape at least, will never attain.

Orthopraxy: the Mechanical Treatment of Deformities, Debilities, and Deficiencies of the Human Frame. A Manual. By HENRY HEATHER BIGG, Assoc. Inst. C.E., Anatomical Mechanician to the Queen and Prince of Wales, &c. Second Edition, Revised and Enlarged. With 308 Illustrations. pp. 641, 8vo. London: Churchill and Sons.

WE had occasion to speak highly of the first edition of this work. The second edition demands still higher commendation. The revision has been thorough, the additions are numerous and important, the new illustrations many, and the book receives the countenance of Mr. Paget, to whom this second edition is, by permission, dedicated. Mr. Bigg's work will prove a valuable guide to practitioners in cases requiring mechanical assistance. With its aid, the practitioner need no longer place himself entirely at the mercy of the mechanist. Almost every form of mechanism devised for the relief of a debilitated, deformed, or maimed limb or trunk, is depicted and described in this work. The utility of such a guide in practice is obvious. "*Orthopraxy*" (ὀρθος, πράσσειν) is described by Mr. Bigg as "the legitimate culmination of mechanical therapeutics." The term, he says, "was suggested several years ago as better calculated to convey the idea of treating deformities by mechanical agency, and as more accurately expressing the wide and widening range of mechanics in therapeutics than *orthopædy*." If mechanical therapeutics, like dentistry, must be practised as a separate craft, yet, our author says, the craft is scientific, not empirical. The orthopractic mechanist, Mr. Bigg writes, "applies himself diligently to study those laws by which the symmetry of the human frame is maintained, as well as the mode of action of the different causes which lead to a deviation from the normal standard. Apprehending these causes, he seeks to anticipate, or, if too late to prevent, he strives to check the further development of, and to remedy their evil results. He no longer endeavours to secure his end by a mere empirical use of mechanical force; but he tries to attain it by a just adaptation of the means at his command, founded upon a careful appreciation and accurate calculation of the kind, direction, and amount of force required." Mr. Bigg largely justifies his claim for the recognition of mechanical therapeutics, as an independent branch of the healing art, by the earnestness with which he deals with his subject, and by his present work. To the other merits of the book must be added excellence of arrangement and a good index.

THE British Association for the Advancement of Science will commence its next annual meeting at Exeter on Wednesday, the 18th of August, under the presidency of George G. Stokes, M.A., D.C.L., Sec. R.S., and Lucasian Professor of Mathematics in the University of Cambridge. A large concourse of scientific guests is confidently expected, among whom the most recently named is Professor Newton, of the United States, who foretold the occurrence of the great star showers. The local committee is making every effort to ensure the comfort and convenience of visitors. There will be ample hotel and lodging accommodation, either in Exeter itself, or at Exmouth, Dawlish, and Teignmouth—watering-places within half an hour's journey by railway. Exeter is distant from London about five hours' ride by the Great Western and South-Western Railways, and is on the main line of railway to North and South Devon and Cornwall. Tourists' tickets for Devon and Cornwall, and return tickets available from the 16th to the 28th of August, will be supplied to any one member, on production of card of membership, from all the principal railway stations in England.

MIDDLESEX HOSPITAL.—Mr. Thomas William Nunn, F.R.C.S. Eng., has been appointed Surgeon and Lecturer on Surgery at this hospital, vice Mr. Alexander Shaw, F.R.C.S. Eng., resigned.

THE LANCET.

LONDON: SATURDAY, MAY 29, 1869.

THE constitution of boards of guardians is a matter which so seriously affects the interests of medical practitioners that no apology is needed for some reference to it here. The proceedings of the boards are generally reported at much length in local newspapers; and it is difficult to read the reports without feelings of curiosity about the circumstances that govern the selection of their representatives by the ratepayers. When we find half a dozen men in succession get up and unconsciously proclaim themselves to be heartless fools, ignorant of everything that a guardian ought to know, and careless of everything that he ought to consider, it is impossible not to wonder why their neighbours voted for them, and why decisions involving the comfort of so many poor and helpless persons were entrusted to such incompetent trustees. We believe the solution of this problem is furnished by the consideration that the election of guardians is generally not only a job, but a political job. Nomination by the local wire-pullers of a party is made the reward of small political services, chiefly of a kind that might be described as "dirty work"; and the names of these wire-pullers on the nomination-paper secure the votes of all their adherents. It is felt that there is some reason in the background; and it is felt also that the party ringleaders must be able to give evidence of the power they wield. So that in many instances it would be found that the new guardian was a publican whose election beer bill had been of a kind to bear judicial scrutiny, or a low attorney who had discovered some means of applying a screw to a doubtful voter. Such men are disagreeable associates, and their presence drives away those who would bring an honest and wholesome spirit to the work. On the other hand, they attract their natural congeners; and, moreover, just as one vicious boy will lower the tone of a whole school, so one or two political tricksters will soon sensibly modify the standard of their colleagues. At first sight, it is not apparent why such men should desire a troublesome and unpaid office; but the motives that influence them are not far to seek. The election is a recognition of their character and importance, like the bow of the clergyman of the parish to the woman in one of WILKIE COLLINS'S novels. Then it involves a power of accepting tenders, and of making contracts—a power, that is, of giving a helping hand to other dirty workers of a still inferior order. Lastly, there is the press. In the stagnation of a country town, the reporter of the Gazette or News of the district always attends the board, and takes down every word that is there uttered. Guardians have an opportunity of discoursing upon things in general; and their opinions thereon are duly recorded in print. This is a great privilege and temptation. We know one important town in which a compromise has been effected between two political parties. The stronger monopolises the Town Council; and, in consideration of this monopoly being undisturbed, secures the board of guardians to the weaker. Members of the weaker party, who are afflicted by a flux of words, and by a morbid love of the sounds of their own voices, go to the board in rotation, and make speeches upon public questions that have no relation to their duties. As a rule, the rank-and-file of the Town Council party do not vote at the election of guardians; but if the seats of the selected nominees were endangered by any independent opposition, then both parties would combine to defeat it; and in this way the political monopoly is preserved. Practitioners who wish to see a wiser and better local administration of the Poor Law might do good service by contending against this manner of recognising political claims. Many of those who vote do so with but little reflection,—as a mere matter of party allegiance; and would be quite open to the obvious suggestion that the office of guardian is one of great trust, and that appointment to it should be governed, chiefly or entirely, by considerations of personal fitness.

THE elevation of temperature that occurs in an inflamed part, as in a carbuncle, a whitlow, or a stye on the eyelid, is a phenomenon of such common occurrence, and is so obvious to the senses both of the patient and those who surround him, that it does not at first sight seem clear how any question can be raised on the subject. Nor, indeed, does it appear that any physiologist has disputed the fact, that an inflamed part is hotter than the adjoining or opposite regions: the point in dispute in regard to it has been, whether the increased heat is the result merely of an increased flow of blood through the vessels of the part, or whether it is attributable to increased metamorphosis of tissue and processes of oxidation taking place in the soft and succulent tissues undergoing the inflammatory process. The investigations of Mr. SIMON, published in HOLMES'S System of Surgery, which were corroborated in all essential points by those of M. O. WEBER, were supposed to have set the question at rest, and to have shown that the inflammatory process does involve a local production of heat: for the application of a thermo-electric needle showed, first, that the blood passing to an inflamed part is less warm than the focus of inflammation itself; secondly, that the venous blood returning from an inflamed part is warmer than the arterial blood supplying it, though less warm than the focus of inflammation; and lastly, that the venous blood returning from an inflamed limb is warmer than the corresponding current on the opposite side of the body.

The subject has again been taken up by MM. JACOBSON and BERNHARDT, whose results are opposed to those of SIMON and WEBER, whilst they corroborate the original views of HUNTER. Their investigations appear to have been undertaken with the object of determining whether the local development of heat observed after injuries is sufficiently intense to raise the temperature of the whole body to the degree observed in the so-called inflammatory or traumatic fever. The mode of experiment they adopted consisted in exciting pleurisy of one side, or general inflammation of the peritoneal cavity, by the injection of diluted acetic acid

or caustic ammonia in rabbits; and, when inflammation was established, comparing the temperature of the serous sac affected with that of others, or with that of the blood of the right or left heart. In a preliminary series of experiments, it was found that great exactness was obtainable in ascertaining the temperature of internal parts by the insertion of a thermo-electric needle; and that, as a general rule, the pleural cavities were from about one-tenth to one-fifth of a degree cent. cooler than the peritoneal cavity, and from one-fifth to one-half of a degree cooler than the left heart. It was therefore clear that if a temperature of more than one-half a degree cent. was present after inflammation had been set up, it could not be due to the blood-current, but must arise from some local and independent source of heat. But the results of experiment showed that, so far from any augmentation, there was a distinct depression of temperature in the inflamed side, amounting in one case, when the pleural sac was filled with fibrinous fluid, to as much as one-third of a degree cent. below that of the opposite pleura, about one-half of a degree less than that of the peritoneum, and more than one-half of a degree cooler than that of the left heart. Again, in peritonitis, the temperature was less than that of the left heart by as much as two-thirds of a degree cent.; and in one case it fell 1·1° cent. (equal to 2° Fahr.) below that of the blood in the left heart.

The result of the experiments of these gentlemen is, therefore, to fully substantiate the remarks made by John Hunter; for we find, on turning to his treatise "On Inflammation," when speaking of the heat in inflamed parts, he remarks that, "from all the observations I have made, I do not find that a local inflammation can increase the local heat above the natural heat of the animal; and when in parts whose natural heat is inferior to that which is at the source of the circulation, it does not rise so high." Some still more recent investigations by M. G. Laudien, on the temperature of wounds of the extremities, are equally in accord with those of John Hunter, and, like the preceding, are of course in opposition to those of Simon and Weber: for he found, first, that the temperature of these parts in high inflammation never quite attained that of the internal organs; secondly, that although the temperature of the inflamed part generally exceeded that of the corresponding sound limb, it was only to a slight degree, and sometimes not at all; and, lastly, that the inflamed part was always lower in temperature than the arterial blood which was about to supply it. This subject seems to be one of importance, and to deserve attention at the hands of our experimental physiologists; and we should be glad to see some trustworthy observations recorded which would permit a definite opinion to be formed.

The Brighton authorities are evidently bent upon the ruin of the town. They show their animus on the slightest provocation. At the last meeting, a letter was read from Dr. Massey, pointing out the miserable shortsightedness of the present system of drainage, and describing what he himself had seen; but because neither the facts nor the reasoning were in accordance with the views of the Council, the statements were said to be untrue, absurd, &c., and the objectionable document was treated as if it had never been. It was also proposed that the resolutions of the influential meeting held at the Grand Hotel should be treated in a similar way; but, happily, deference was paid to the opinions of such men as Laing, Carter, Furner, Tatham, and others, who have the deepest interest in the welfare of the town, and the resolutions were eventually referred to the General Purposes Committee for report.

But, not content with passive opposition, the authorities have undertaken a quasi-scientific examination of the central outfall. They have sent down a diver to examine the pipe, and they sound a note of triumph when he reports that the fishes of the sea are not poisoned by the filth, but appear to thrive upon its fatness. A bit of white chalk rock is triumphantly produced as evidence that the rocks are not contaminated, and they are astonished to find that there is no accumulation of mud upon the bottom of the sea over which the tide rolls rapidly four times a day.

They have also set to work the borough surveyor—who, by the way, is generally supposed to be the father of the present scheme—to experiment as to the direction which the current of filth pursues. He dammed up the sewage until it reached high-water level, and then on the turn of the tide he suddenly let it out. This is a very feeble representation of what the flow will ordinarily be when the whole of the house sewage is diverted from six or seven thousand cesspools into the common outfall. The surveyor reports "that the body of discoloured rain-water so discharged was very perceptible from the south end of the Chain Pier, and travelled eastward, going decidedly southwards of the pier at a distance of not less than from two to three hundred yards away from it." So that here we have it proved by the surveyor himself, that a body of sewage-water actually rises from the bottom to the surface of the sea, coming up between twenty and thirty feet, and may still be seen from a considerable distance flowing along the surface of the running tide for several hundred yards.

But the town authorities have further endeavoured to bolster up their opinions by calling in an eminent chemist to advise them upon a subject which might now be safely left to common sense and practical engineers. They could scarcely have selected anyone more disqualified for the task than Dr. Letheby, since he had already committed himself to the opinion that the water at the outfall is entirely pure. Forty-nine specimens of sand were examined, of which fifteen were slightly odorous, and six still more so. Forty specimens of water were also analysed, and of these three only were decidedly offensive,—one taken from the sewer outlet, one from the storm-water outlet, and the third from Ratty's groyne. Dr. Letheby says it is remarkable that although the water immediately over the sewer outfall was turbid and slightly offensive, yet the samples of water which were taken at about fifty yards in each direction from it (north, south, east, and west) were perfectly inodorous, and contained only from 0·009 to 0·010 of a grain of ammonia per gallon,—the smallest amount being in the water which was taken between the outlet and the shore; and from this Dr. Letheby infers that the dilution of the sewage within an area of fifty yards is considerable. At a dis-

tance of a hundred yards from the outfall it was impossible to discover the presence of sewage in any of the samples taken in any direction from the pipe. Now we ask seriously who is to be believed, the town surveyor or Dr. LETHEBY? One tells us that it is possible to see the sewage for two or three hundred yards, and the other that all traces of it have been lost before it has gone a hundred. The truth is, chemical examinations of this sort are simply childish nonsense. The sewage, being so much lighter than the water, rises rapidly in a dense column to the surface, and flows away in a compact stream. It retains its character during a longer or shorter distance, according to the state of the waves. When the water is tolerably calm, it is possible to collect absolutely pure sea water within a yard of the stream of sewage, both as it rises and as it flows away; and it is quite possible to collect any number of samples which yield no positive result. We venture to say that one fact is worth a thousand analyses of this sort; and the person who finds himself bathing in close proximity to dead cats and other sewage refuse, and who sees with his own eyes the dark spot and the long black line upon the surface of the sea (fortunately left out of Mr. WEBB'S admirable picture of Brighton, now on view in Regent-street), will not require any elaborate analysis to convince him that he is bathing practically in sewage water, however diluted it may be.

The feeble efforts to maintain the present system indicate the weakness of the Council. They have not the courage to ask the opinion of the very men they have been so long in the habit of falsely quoting in their favour. We dare them to take the opinions of such men as RAWLINSON and BAZALGETTE; but until they have done so it is idle to suppose that the public will be satisfied.

THE actions brought by Mrs. JOYNER and her daughter against Police-Inspector YOUNG, of Hitchin, and Mr. SHILLITOE, were tried at the Hitchin County Court on Wednesday, the 19th instant. It appeared from the evidence that the dead body of a new-born infant had been found on the door-step of the Infirmary at Hitchin, and that public rumour, as well as some very vague evidence, pointed to the house of a Mr. JOYNER, as the place from which the infant had been brought. Mr. JOYNER is married, and has an unmarried daughter old enough to be a mother. The local inspector of police, Mr. YOUNG, went to the house, saw Mrs. JOYNER, and spoke of the suspicions that were entertained. After some conversation with her, he left, and presently returned with Mr. SHILLITOE, a surgeon practising in the town, and the ordinary medical attendant of the family. The two women, Mrs. JOYNER and her daughter, undressed and went to bed, and were both medically examined by Mr. SHILLITOE, who thereupon declared that neither of them had recently given birth to a child, and that there was no foundation for the rumour that had been set on foot.

The case for the plaintiffs was that Messrs. YOUNG and SHILLITOE had placed undue pressure upon the women, in order to induce them to submit to the examination; and that hence they had, legally, falsely imprisoned and assaulted them. For the defendants it was urged that the women had given full and free consent to the examination, and that no improper persuasion had been employed. The evidence was, of course, conflicting upon the point at issue; and the judge summed up very strongly in favour of the plaintiffs. The jury cast each defendant in £20 damages.

Now, considering that it was fully admitted by the plaintiffs themselves that the error of the defendants, if any, was an error of judgment only, founded on a mistaken idea of discharging a public duty, we think the damages too high, and that a verdict sufficient to carry costs would have met the requirements of the case. With Mr. YOUNG we have nothing to do; but we cannot acquit Mr. SHILLITOE of indiscretion. He went to two women who had just been startled by a disgraceful accusation; and, on the ground of a consent which at best was given hastily, and in a condition of great excitement and distress, he subjected them to a medical examination. It is quite certain, not only that Mr. SHILLITOE should have waited for a more deliberate consent, but that he should also have obtained the consent of the husband and father, who, on returning home in the course of the day, heard for the first time of the indignity to which his wife and daughter had been subjected. It is probable that most men would urge upon the women of their households submission to an examination that would vindicate their innocence; but no man would feel otherwise than deeply aggrieved on learning that such an examination had been made without his knowledge and consent. We think, moreover, that it is very undesirable that medical men should in any way lend themselves to police requirements. It is quite enough that they should give evidence of facts within their knowledge; but they should not institute examinations except upon the direct application of the person implicated. If Mrs. JOYNER had gone to Mr. SHILLITOE of her own accord, and had said: "My daughter and myself wish to be examined, in order to clear ourselves from a suspicion,"—then his duty would have been plain. But to go to the house of a patient at the instigation of a policeman, and to make a medical examination of two frightened women, in the absence of the husband and father, is a course that cannot, we think, escape condemnation. The admitted good intentions of the defendants should have reduced the damages to an almost nominal amount; but there can be no question about the substantial accuracy of the verdict. The defendants have given notice of appeal; but we question the wisdom of such a course. There is something repulsive to English feeling in the idea that a decent woman, on no better grounds than rumour, may be subjected to domiciliary visits from a doctor and a policeman.

WE have laid before our readers the details of the Government plan of dealing with Greenwich Hospital; and there can be no question that a very sharp discussion will be evoked when the second reading of the Greenwich Hospital Bill comes on in the House of Commons. The promoters of the Bill evidently do not appreciate the circumstances of the men for whom they are proposing to legislate. It is all very well to say that a hale old man can live amongst his friends and kindred on one shilling and sixpence per diem; and Parliament may believe, if it likes,

that "no man who has long served his country at sea need become an inmate of a workhouse." But the fact is that of the four hundred pensioners at present left in Greenwich Hospital, but few could live at all without an amount of medical and surgical attendance which they will be perfectly unable to obtain, except by charity, if they are thrust out of the asylum which the benevolence of former sovereigns provided for them. Setting aside the cases of phthisis and heart disease acquired in the naval service, there are among the present inmates of the Greenwich infirmary a large number of old men suffering from diseases of advanced age—enlarged prostate, &c.—who could not live without constant surgical supervision. If these men are distributed among the towns and villages, they *must* come upon the overworked parish doctors for assistance; and why, we ask, should the Admiralty be permitted to throw upon our profession the care of patients for whom they have ample funds to provide all necessary attendance?

The scheme of allowing these men to be treated in Haslar and Plymouth Hospitals is, we believe, perfectly impracticable. In the first place, the numbers to be provided for forbid it; and in the next place, the introduction of old permanently disabled patients into naval hospitals intended for the treatment of men in active service and under naval discipline is universally condemned by all who know anything of the service. The scheme for providing for the men annually invalided from the service will also, we believe, break down for similar reasons. On what ground the authorities have concluded that the number of inmates of the Greenwich infirmary will not exceed 200 we know not; but as we learn from evidence given before Mr. DU CANE'S committee that the number of men invalided out of the naval service in one year is about 1400, it appears to us pretty evident that the Government calculations are founded in error. Much as we should rejoice to see the infirmary at Greenwich devoted to the purposes of the *Dreadnought* Hospital, it would be monstrous to deprive the infirm sailor of the Royal Navy of the asylum specially intended for him, unless the Government is prepared to support the suggestion of Mr. DU CANE'S committee, and devote the main building to the purposes of a *bonâ-fide* hospital or asylum for men requiring medical and surgical attendance, and who cannot therefore be pensioned off. If this enlargement of the proposed plan should be carried, we trust that the importance of Greenwich Hospital as a veritable hospital will be thought to warrant the appointment of a Deputy Inspector of Hospitals to take charge of it. If small naval hospitals in the colonies are thought worthy of being supervised by such an officer, surely an important institution like that of Greenwich may be classed in the same category.

Medical Annotations.

"Ne quid nimis."

ON THE PRODUCTION OF FALSETTO NOTES.

DR. MARCET, in a short essay that has recently appeared, on the Falsetto or Head Sounds of the Human Voice, seeks to establish, through the phenomena observed by the laryngoscope, a theory of the production of falsetto notes which is essentially similar to that long ago suggested by Majendie and Mayo. These observers maintained that the falsetto notes are produced by the vibration of the vocal cords along only half their length. Müller, on the other hand, whilst regarding the chest notes as formed by the whole breadth of the laryngeal membranes entering into vibration, contended that the falsetto notes are due to the vibrations being confined to the margins or mere edges of the membranes. Helmholtz advanced the curious theory that the falsetto notes are caused by the removal of the mucus which constantly moistens the rim of the vocal cords, rendering their edges sharper and their weight less, so that, whilst their elasticity remains the same, they are capable of vibrating more rapidly; but this sharpening of the edges of the cords, if it really occur, would seem to be much more intelligible on the view propounded by M. Garcia, that it is produced by the action of the muscles of the larynx. Dr. Marcet starts by stating that we must assume the falsetto notes to be harmonic sounds, and proceeds to compare the vocal cords to the tongue of a reed instrument, which, if made to vibrate through its whole length and breadth, produces the full note, but if divided into nodal points, one or more of the internodes between which do not vibrate, produces harmonics. So with the vocal cords, which when vibrating along their whole length and breadth produce the chest notes, but when brought into contact for a portion of their length, and vibrating only through a portion of their breadth, produce harmonic or falsetto notes, clear in proportion to the accuracy with which the singer can deaden one or more entire internodes. "In fact," Dr. Marcet says, "there will then be a combination of two harmonics—viz., the one belonging to the vocal cord considered as a membrane, the other to the cord considered as a true cord; the result will be the emission of a firm, clear, sharp head note." Dr. Marcet states that, in his laryngoscopic observations, he actually did observe the cords to be shortened, and applied tightly against each other throughout the whole of their length, in the production of falsetto notes; and this, he believes, was effected through the contraction of the arytenoideus muscle. He further remarks that in passing from a chest to the same falsetto note no difference in the vertical width of the crico-thyroid chink is observable, though the pitch of the latter is a whole octave higher. We have not space here to discuss Dr. Marcet's ingenious theory, but we would point out to him that Mr. Bishop observed the crico-thyroid chink to open at the moment of transition from the chest voice to the falsetto, indicating the relaxation of the vocal cords, the whole larynx at the same time descending; and so far supporting the views of MM. Pétrequin and Diday, that the falsetto notes are flute notes resulting from the vibrations of the column of air in the trachea, the varying length of which influences the note produced. There can be no question that a powerful muscular effort is put forth in the production of the falsetto voice; but whether this is only exerted by the arytenoideus, as Dr. Marcet endeavours to show, we think is still open to question. By his own admission, the vocal cords are in apposition throughout their whole length in the production of falsetto notes, which is scarcely in accordance with the idea of their division into nodal points; and we are not sure that it is *possible* for a tense membrane with a free edge to be thrown into nodes both longitudinally and transversely, as his theory seems to imply.

INFLUENCE OF WEATHER ON HEALTH.

THE Annual Reports of the Scotch Registrar-General, thanks to the ability of Dr. Stark, who superintends their publication, are quite worthy to take rank with those to

which for so many years Dr. Farr has accustomed us in England. Dr. Stark rarely lets an opportunity pass of giving the results of some investigation or other tending to illustrate the influence of this or that condition upon human life. We all remember, for example, his theory in reference to marriage and longevity, which has given rise to much animated discussion, and probably was the means of setting many inquiring persons to work collecting data for determining the value of doubtful points in the induction. We would, however, suggest that an endeavour should be made to issue the Scotch Annual Registration Report with a promptitude equal to that displayed at Somerset House. Dr. Stark has only just given us facts relating to the year 1866; while those corresponding for England were published a year ago.

Into a variety of the subjects chosen by Dr. Stark for statistical illustration we need not now enter. The relative fertility of Scottish and English women, in respect of which Dr. Stark claims a very considerable precedence for his countrywomen, is a very interesting question; but we must not forget that Dr. Farr has stoutly maintained that the difference is apparent, and not real,—depending, he says, upon a difference of matrimonial status. The chief feature of Dr. Stark's present report, however, is the valuable series of observations he has collected illustrative of the influence of season or weather upon health. Facts extending over the ten years 1855-64, show that, taking Scotland as a whole, February is the month most generally fatal to the population, and September the least so; that in the six colder months of February, March, January, April, December, and May, the deaths average more than 1000 per month,—the monthly mortality being below 1000 in the other six months. As might be expected, the town populations are found to be more sensitive to the agencies of the weather than the more robust dwellers in rural districts, as is shown both in the earlier hurtful effect of cold and in the earlier beneficial influence of warmth on the health of the former of these two classes. That the first advent of cold weather is much less prejudicial to health than its continuance for any length of time, is corroborated by the observation that though the mean temperature of February is no higher than that of January, the mortality is much higher, the vital powers being weakened by the sustained cold. The prevalence of northerly and easterly winds in Scotland during March, April, and May, supervening on the cold month of February, accounts for the fact that March is the second most unhealthy month in the year.

The moral which Dr. Stark draws from these observations of the relation between weather and health is that invalids ought to keep away from Scotland from the beginning of December until May; and that the consumptive should especially avoid that country in March, April, and May, because of the bitter "nor'-easters" which then prevail.

THE EXTENSION OF THE CONTAGIOUS DISEASES ACT.

WE have received a copy of the Report of the Committee of the Birmingham Branch of the National Association for promoting the extension of the above Act. The Committee have managed to convey, within the limits of a few pages, a considerable amount of information on the subject of the prevalence of these diseases, and their disastrous effects upon the public health; and this information is well arranged and clearly expressed. That the extension of the Contagious Diseases Act to the civil population would have a most salutary effect there can be no doubt. It would bring under periodical medical inspection those women who are known to the police. If diseased, they would be detained in hospital until cured, and in the meantime would be brought under the influence of orderly living and of religious instruction. As the principle of the Act is entirely opposed to any system of licensing prostitution, no certificate of any kind would be given to healthy women. The expense of carrying out its provisions should, it is thought, be borne in equal proportions by local rates and the Consolidated Fund. Birmingham shares the fate of other large towns, and venereal diseases prevail there to a great extent; but it is not easy to estimate the number of cases, as they are for the most part treated by private practitioners, chemists, and others. At the General Hospital, last year, 48 cases were registered as in-patients, and 436 as out-patients; but these numbers are known to be far below the truth. At the Queen's Hospital, 63 cases occurred among the in-patients. Mr. Wilders, from notes he made of the cases of out-patients for eleven weeks, found that of 622 patients, 242 were cases of venereal disease, giving an average of 38 per cent. At the Children's Hospital, from one-fifteenth to one-tenth of all the cases treated are examples of hereditary syphilis. At the Birmingham Workhouse about 300 cases are admitted annually, and the direct cost to the parish has been calculated at £800 per annum, the indirect cost being probably nearly as much. The hospital accommodation at Birmingham for the treatment of these disorders is at present quite inadequate; but there would be no difficulty in providing sufficient accommodation in the Queen's and the General Hospitals, and obtaining the necessary recognition from Government, in the event of the extension of the Act.

THE ROYAL ALFRED HOSPITAL.

H.R.H. the Duke of Edinburgh laid the foundation-stone of this institution at Yarra on the 6th of March last. The building is to be in the Elizabethan style, constructed of red bricks variegated with those of other colours; some of the ornamental work in Portland cement. It will, when completed, consist of six separate parts—a series of blocks, in fact, with a distance of some sixty or eighty feet between them. Four of these blocks, called pavilions, will be devoted to the reception of in-patients; and two will be placed on either side of a central building, which will form the administrative department. The hospital will, when finished, afford accommodation for 250 patients; and its estimated cost is about £37,000. The kitchens, laundries, and other offices, are situated in a separate block of buildings behind the central or administrative portion of the hospital. At present, a contract has been taken for the central block only, at a cost of £6643; and it will be used as a small hospital until the remainder of the institution shall be completed, one portion being set apart for the reception of 60 patients.

SOLDIERS' NIGHT DUTY.

WE have on more than one occasion alluded to the disproportionate amount of pulmonary disease among the men composing the brigade of Foot Guards; and our contemporary, the *Broad Arrow*, in an article lately on the subject of "Soldiers' Night Duty," has, we think, correctly attributed much of the evil to this as a cause. We have often been struck with the number of guards and sentries posted in different parts of London, and we have wondered whether they could all be necessary. There can be little doubt that the frequent loss of a night's rest is, in itself, a serious deprivation to young men in whom the frame is undergoing development. The alternations of temperature to which a guardsman is exposed during the winter and spring whilst on sentry at night, his liability to an occasional wetting, and the hot vitiated air of many of the

London guard-rooms to which he has to retire, are rather strong exciting causes of pulmonary disease in themselves, but they become especially so to men depressed by an insufficient amount of sleep. The history of many cases would be found to be something like the following:—The guardsman contracts a "cold," or a series of "colds," and the pulmonary affection which is thereby set up, not unfrequently fails to pass away entirely. It is apt to leave behind a residuum of morbid material, or of spoiled or deteriorated pulmonary tissue. In the one case, a degenerative action ensues in the adventitious tissue when the general health becomes lowered from any cause; and in the other, the organ is rendered very liable to fresh accessions of inflammation. Night duties are not the only causes, of course, of the large amount of lung disease in the Foot Guards. There are, no doubt, many other factors in operation, such as the temptations of a London life, residence in badly-ventilated barracks, and so on.

THE MEDICAL COUNCIL.

A SHORT while ago we mentioned that the General Medical Council were in close communication with the Government on the subject of an amended Medical Act. Since that time, additional communication has passed between the Lord President of the Council and Dr. Burrows. But we understand that the result is disappointing. The Government, though impressed with the need of legislation, have decided not to introduce an amended Bill this session; but have promised to go thoroughly into the whole subject, and, if in office, next session to introduce a comprehensive measure. This decision has somewhat lessened the necessity for an early meeting of the Medical Council, and, in consequence, the convenience of those members who live at a distance will be consulted, and the Council will be summoned for the 1st July. The Executive Committee will of course assemble beforehand to draw up the programme of business to be transacted.

SUPPOSITITIOUS MEDICAL STUDENTS.

WE have had over and over again to protest against the slur frequently cast upon the body of highly intelligent and well-conducted gentlemen who are medical students in London by the misbehaviour of some self-styled "medical student of the period." The latest example is a particularly flagrant one, since the erring individual who displayed an over-fondness for the knockers of the peaceful inhabitants of Burton-crescent acknowledged, in explanation, that he "was nothing at present, but was to be a medical student, and had come up to town for the purpose of studying." We presume the individual in question is struggling with those subjects of "preliminary study" which are now the passport to medicine; and as his medical student-life is at present well represented by "the future in *rus*," we venture to recommend him to pursue his studies *in rure* until his brain becomes a little fortified.

SPURIOUS WINES.

FROM a statement recently put forth, the manufacture of imitation champagnes and other sparkling wines appears to be greatly on the increase, and likely to assume gigantic proportions. It is declared that some German chemists have patented a machine for facilitating the manufacture of such imitation wines, which, it is reckoned, may be produced at 10s. per dozen, and yet yield a profit of £30 upon a thousand bottles.

A list is given of nearly one hundred houses which have acquired the right to use the patent; and as two other lists have been made public, the concession must have been granted to a large number of persons in Germany. But it is probable that it will not be long before these imitation "champagnes," "sparkling hocks," and "sparkling moselles" make their way into France and other countries, including England. It is therefore more than ever necessary that persons, in buying champagnes and other similar wines, should choose only good brands, and be satisfied as to their genuineness.

THE SECTIONS OF THE PROPOSED ROYAL SOCIETY OF MEDICINE.

AT the adjourned special meeting of the Royal Medical and Chirurgical Society, on the 17th instant, various suggestions were made by some of the Fellows for altering the simple and appropriate names of sections that have been suggested by the Council. The suggested changes were all in the direction of complexity, and were all rejected by large majorities. It seems probable enough, however, that further attempts in the same direction may be made as the scheme proceeds; and we should like to call attention to one aspect under which long and elaborate names of sections would become supremely ridiculous. Let us imagine them on the titlepages of books, appearing among the other dignities and distinctions of professional authors. If a young physician in 1870, the founder of the then fashionable special hospital, desired to write upon his particular subject, there would surely be something grotesque in such a title as the following:—"A Treatise on Flatus. By Buoyant Hydrogen, M.D., Member of the Section for Medicine and Surgery, including Clinical Medicine and Surgery, together with Therapeutics, of the Royal Society of Medicine, Physician to the Wind Hospital, and Lecturer on Intestinal Gases at the St. Pancras School of Medicine."

A suggestion made by Mr. Curling, to the effect that the seventh section, that for Physiology and Anatomy, should be abandoned, as not being likely to attract a sufficient number of members for effectual working, is one that we cordially endorse. The actual study of anatomy and physiology is in the hands of a few inquirers; and a section devoted to ophthalmology would both be far more useful and far better attended.

GRATITUDE.

IT has been said, with perhaps as much truth as cynicism, that gratitude, according to the idea entertained by a great many, means just a lively appreciation of favours to come. Instances do, however, now and then occur to remind us that, in its true acceptation, gratitude, as a sentiment excited by the remembrance of benefit received, does exist in the world, and occasionally manifests itself in a way not to be mistaken. At the present moment we are not able to recall to memory any more remarkable expression of this feeling than the case communicated last week to *The Times* by the Vicar of Nottingham, the particulars of which are worthy to be held in remembrance. It appears that some fifty-three years ago there was an in-patient of the Nottingham General Hospital who was discharged on recovery, and who then entered the 3rd Dragoon Guards, in which regiment he served as a private for thirty-three years and a half. On retiring, he was presented with a service of plate by the officers of his regiment, "as a mark of their approbation of his conduct and character;" and he afterwards took up his residence at Nottingham, living a retired life on his pension of 1s. 4½d. per day. On his death, which happened lately, it was found that he had bequeathed to the Nottingham Hospital the munificent sum of £4200 Consols, all of which he had accumulated by careful saving during fifty-three

years, in order that he might in suchwise testify his gratitude for the skill and kindness to which he believed himself indebted for his life half a century agone. We have never enrolled amongst the already numerous band of benefactors to our most useful charitable institutions a name more honourable than that of the late Mr. Frederick Attenborough, and we have never given expression to more unfeigned admiration of a noble act than to that now indissolubly associated with that name.

A CONTEMPTUOUS JUDGE.

A MUCH-RESPECTED member of our profession, Mr. Richard Summers, has been committed for contempt of court by a County Court Judge, under the following circumstances. Mr. Summers sued a patient for the payment of 13s. 6d., the charge for a journey of four miles on a wet night to defendant's house, and for medicines. The Judge (Terrill) considered the charge excessive, and allowed five shillings!—that is, at the generous rate of sixpence a mile, allowing a shilling for medicines. Very naturally, though of course very unjustifiably, Mr. Summers allowed himself to say that he hoped other persons would receive the same liberal allowance as his Honour had given him in this case. Thereupon the Judge ordered Mr. Summers into custody for contempt of court, and the bailiff took Mr. Summers into an adjoining room. He remained there till the Court was over, and apologised for the remark he had made. Alas! justice is very one-sided, even in courts of law. When and to whom will the Judge apologise for his contempt of a whole profession, shown in considering five shillings a fit remuneration to a medical man for going four miles from his home on a wet night? As the *Western Mail* truly says,—"An ordinary labourer performing a journey of eight miles in the night time would hardly consider himself handsomely paid if he received the sum which Judge Terrill deemed adequate remuneration for attendance, medicine, and professional services in the case of Mr. Summers." Mr. Terrill belongs, we should imagine, to the Nupkins order of justices, and, in the immortal words of Sam Weller, "commits hisself twice as often as he does other people." At the same time, it is impossible not to regret that a member of our profession should have failed in the respect which, when it is not due to the person of a judge, remains the indefeasible right of his office.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday evening, Mr. Gascoyen read a paper on cases of syphilitic iritis treated without mercury. His cases numbered eighteen in all, and they were treated with atropine, opium, a few leeches when there was much congestion, and general tonics when they were required. In the well-known cases recorded by Mr. Teale, in the fifth volume of the "Ophthalmic Hospital Reports," this description of treatment was first employed; but if the pupil did not dilate within twenty-four or forty-eight hours mercury was administered by inunction. Mr. Gascoyen had sufficient courage to withhold the mercury in any case; and he stated that his results had been satisfactory. Unfortunately, the value of his paper was much diminished by the absence of the accurate tests of the state and functions of the eyes that are now used by ophthalmic surgeons, so that the work was that of an amateur, rather than of a master, in this particular department of surgical art. It will serve, however, to embolden other practitioners to defer the use of mercury still longer than they do at present, and may eventually lead to important practical results. The discussion branched off, under the guidance of Mr. Henry Lee, into the general question of the use of mercury in syphilis—a question that had little or no connexion with the matter in hand. It has been abundantly shown that the appellation "syphilitic," in the common forms of iritis, has no bearing whatever upon treatment, and that syphilitic cases may do well without mercury, just as non-syphilitic cases may require it. We trust that Mr. Gascoyen will continue his observations, and that he will allow his results to be checked, from time to time, by surgeons who have especially devoted themselves to ophthalmology. The resulting facts, whatever they may be, will then be so expressed as to admit of complete comparison with similar data obtained elsewhere.

VACCINATION AT LEEDS.

THE Board of Guardians at Leeds has commenced to take active steps against persons who refuse to allow their children to be vaccinated, and the vaccination inspector has applied to the magistrates, under the 31st section of the Act, for an order that certain children shall undergo the operation within a specified time. This order, if disobeyed, will bring down a fine; and as the order may be made again and again, each breach of it constituting a new offence, there is every probability that the anti-vaccinists, excepting such as are exceptionally wrong-headed, or have a passion for martyrdom, will find it desirable to submit. The Leeds defendants are talking about a case for a superior court, and this, if proceeded with, will, of course, bring about an authoritative declaration of the present state of the law.

THE AMERSHAM GUARDIANS AND THE SUPPLY OF QUININE, ETC.

A CORRESPONDENCE has taken place between the guardians of the Amersham Union, their medical officers, and the Poor-law Board, which presents features of considerable interest to the Poor-law medical service; and as such we briefly call attention to it. It would appear that last autumn Mr. Prowse, of Amersham, sent in a claim of £2 9s., the cost of supplying five expensive drugs during the preceding quarter. This the guardians refused to pay, alleging that the supply came within the terms of their general contract with this gentleman. Not satisfied with this decision, Mr. Prowse wrote to the Poor-law Board, who directed the guardians to pay the amount, or to keep a stock of drugs at the Union house. The letter of the Poor-law Board ran to the effect that cod-liver oil, quinine, and other expensive medicines, should be supplied by the guardians. The order, however, naming but two drugs, the local board has only undertaken to supply these, and that with a very ill grace, for in a letter dated March 9th they direct their clerk to inform the medical officers "that they can now obtain quinine, &c., from the master of the workhouse on application in writing; but they should require that at their fortnightly meeting a list containing the wards of the patients, and the quantity supplied to each of them, should be laid before them." The medical officers, feeling strongly the distrust implied in this requirement, objected to such an arrangement, at the same time assuring the board that they had not the slightest intention of appropriating one grain of quinine, &c., for any other purpose than the relief of the sick poor, and commenting on the unusual course which the board had adopted. Eventually a suggestion was made by the medical officers to the effect that they were prepared to enter in their medical report book, opposite the name of each patient taking the drug, "Quinine." This, on being referred to the Poor-law Board, was acceded to, and the arrangement, we learn, is now being carried out as an experiment.

The medical officers of this Union are to be commended for their unanimous and practical agreement. If Poor-law

medical officers generally could be induced to follow their example, many of the disabilities under which they labour would be obviated or removed. There is, however, a point raised by this correspondence which, we hope, will not be lost sight of. From Sir John Simeon's return, it appears the guardians of upwards of a third of the Unions have failed to comply with the recommendation of the Select Committee on Poor Relief, for the provision of cod-liver oil, quinine, &c., at the cost of the ratepayers. The medical officers of such unions or parishes should at once avail themselves of this decision of the Central Board, and apply to have these drugs found; as it was clearly the intention of the House of Commons, in adopting the report of the Committee, that this concession to the sick poor should be universally carried out.

ENTHETIC DISEASE IN THE ARMY.

THE following information regarding the prevalence of enthetic diseases in the Austrian army, and the measures adopted for their repression, will, we think, prove of interest at the present time. It appears that the regulations in force are contained in various ordinances. The soldiers are taught to report the names of those from whom they may have contracted disease. Inspections are in force in the army for the detection of these affections, and especial care is exercised to prevent the spread of them by soldiers going on and returning from leave. There is no register preserved of fallen women; but they are subjected to inspection whenever it is deemed necessary, and, with this view, the police occasionally make an unexpected descent upon houses of a certain character. The Austrian army in 1868 was of the strength of 237,000, of which the total sick numbered 172,752, and the syphilitic cases were 26,722. The British army at home in 1866 consisted of a strength of 70,292, with a total of 59,966 admissions to hospital, of which 18,170 were for enthetic affections. These figures give, in the Austrian army, 112 per 1000, or 1 in 6·66; as compared with 258 per 1000, or 1 in 3·24, in the English army. We hope that the authorities will lose no time in extending the Contagious Diseases Act to all our large garrison towns at home, among which we may reckon Dublin, where the Act is not at present in operation.

THE NAVAL MEDICAL SERVICE.

IT is stated to be in contemplation to reduce greatly the better appointments in the medical department of the navy, in accordance with the Report of the Civilian Medical Commission entrusted by Mr. Childers with the inspection of the naval hospitals, which Report we see many reasons to regret is still kept a sealed document. We hear that several appointments held by staff surgeons are about to be abolished, and that some of the surgeons of the Royal Marine divisions have been instructed that their appointments will cease on the 30th of June. We are of opinion that the abolition of the few good posts for officers of the rank of staff surgeon is an error that has been suggested without full consideration of the necessities of an important branch of the public service. There are comparatively few good things of the future for naval medical men, and in the instances alluded to there would seem to be peculiar hardship to the officers about to be deprived, as they were placed in those positions until their limit of service by age should be reached, and their appointments were received in lieu of promotion for special meritorious services. It is to be hoped that the Admiralty will confer the merited promotions, and thereby bring up the inspectorial grade to its ordinary strength. On comparing the Army and Navy Lists, we find that in the army an active staff of 1050 medical officers have over them 8 inspectors- and 35 deputy inspectors-general; and in the navy an active staff of 532 have only 2 inspectors and 12 deputy inspectors on full pay. To encourage the right sort of medical men, there must be equal inducements; but here we see that the upper ranks are much more open in the army than in the navy; and we know what results must follow. We trust that the Director-General will be firm in representing the necessities of the service over which he presides, whose efficiency is essential to the welfare of our protecting navy; and that he, at least, will not consent to the destructive changes that are now talked about.

WEALTHY HOSPITAL PATIENTS.

THE governors of the Kent County Ophthalmic Hospital have been engaged in discussing a question of some interest to the profession. At a recent meeting of the Board it was argued that not only the poor, but the rich also, were entitled to relief at the hospital, and to the gratuitous services of the honorary surgeon, in all cases of accident, slight or serious; and that anyone so attended who was in a position to pay for the attendance was at liberty to make a present to the hospital funds, or to the surgeon; but that this should be "left to the generosity" of the individual.

It is stated in the rules of the charity that "accidents and urgent cases are admitted at all times;" and it was argued that this was meant to include all classes of persons. It was also stated by the governor who brought the matter forward, that the London hospitals give relief to all applicants, rich or poor, not only in serious cases, where life or limb is at stake, but also in any case of accident, however trivial; and that the public maintain hospitals (and the Kent Ophthalmic in particular) on this understanding.

We cannot allow so monstrous a claim, and so utterly unfounded a statement, to pass without some notice. It occasionally happens, of course, that a wealthy person seriously injured in the London streets, is taken to the nearest hospital; but in all such cases it is customary for both the hospital and the medical staff to be fully repaid for the services rendered. That rich people should become gratuitous hospital patients merely because they have suffered an accidental injury, is a proposition that we can only describe as ludicrous.

SANITARY CONDITION OF THE THAMES.

THE want of some sort of sanitary supervision on the Thames has been persistently pointed out in the columns of THE LANCET during the last three years, and has been made matter for special comment in *The Times* and other journals during the past week. Most of our readers will remember that when the last epidemic of cholera appeared, the port of London (and that district alone) was found entirely destitute of any organised machinery for the prevention and spread of the disease. At this juncture, the Seamen's Hospital Society energetically came forward, and, by means of a plan arranged and carried out by their surgeon, Dr. Rooke, made a daily ship-to-ship visitation on the Thames, which was continued until the epidemic ceased. Very great praise is due to the *Dreadnought* authorities for the accomplishment of so useful a work; but the alarming fact was for the first time brought under public notice, that the very class of all others most requiring sanitary supervision were totally unprovided with anything of the kind. It is probable, however, that this evil will shortly be remedied, for we are enabled to state that the whole subject is now receiving official attention. It is very necessary that prompt action should follow, for in no other quarter of the metropolis can means that aid the prevention of disease be so usefully adopted and enforced.

DR. ALEXANDER WOOD ON THE POOR LAWS.

DR. ALEX. WOOD, of Edinburgh, has been lecturing on the Poor Laws. He condemns them in true Chalmerian style. They have demoralised the poor, he thinks, and hardened the rich. He complains bitterly that they attempt no distinction of poverty—that "there is no distinction between those who have been rendered poor by their own fault and those who have fallen into the same condition by the visitation of God." He says: "The Poor Laws are the first attempt to confuse what the older moralists separated as "duties of debt" and "duties of merit;" the first are the proper subjects of legislation, restricted, as it should be, to protecting person and property and legal contracts. We are acutely alive to the evils pointed out most ably by Dr. Wood; but it is inconceivable that the State can refuse to consider the case of the destitute as beyond its care. We have no one church now to which it might delegate this beneficent function; and pauperism is the result of such a complicated number of influences, over which the State has some control, that there is much to be said for making it responsible for the treatment of pauperism. No doubt the present system is costly, impersonal, hard, unkind, and not beneficent in its influence on those whom it helps. That is a reason for many alterations in it. Still we suspect that the State will have to do for the poor what, in Dr. Wood's opinion, the Church could better do. Let us hope that the State is capable of benevolence and wisdom as well as the Church.

THE CAM AND CAMBRIDGE SEWAGE.

MR. HAWKSHAW, the eminent engineer, in a letter to *The Times* relative to the river Cam, states that the drainage of Cambridge, which all goes into the river, created last summer a stench "so horrible that no one should have been allowed to row upon it." In fact, the Cam, according to Mr. Hawkshaw, "possesses in rich perfection all the attributes of an open common sewer, and is very nearly filled with sewage deposit." And he very properly observes that the widening and deepening of the river now being carried on will prove only a temporary benefit, unless measures be taken to prevent the sewage again silting up. The Cambridge authorities may as well make up their minds at once to intercept and utilise the sewage of the town, and thus to avoid marring the good and useful work now in progress for improving the river. They may depend upon it that the Rivers Pollution Commission will not overlook them, and especially now that public attention has been directed to the subject.

UNPROFESSIONAL ADVERTISING.

Two months ago we felt it our duty to call attention to the cases of certain physicians attached to London hospitals who appeared to us to go far beyond the bounds of professional etiquette in the advertisement of their medical works in the daily papers. One of these physicians has pursued the "even tenour of his way" unchecked by our "puff oblique," and we are therefore obliged to notice the subject anew. The physician in question is Dr. Henry W. Fuller, a Fellow of the Royal College of Physicians, and Senior Physician to St. George's Hospital. This gentleman has for many months past advertised in the miscellaneous column of the leading journal every three or four days, and sometimes oftener, two works on medical subjects. The one is on Rheumatism, Rheumatic Gout, and Sciatica, and the other on Diseases of the Lungs and Air-passages; and the two works take precedence alternately in the ubiquitous announcements, being followed by highly commendatory extracts from medical journals. Now these advertisements cannot be intended for the profession, and must therefore be meant to catch the public eye, as are all the announcements which appear in the same column. If so, in what respect does the senior physician of St. George's Hospital differ from his co-advertisers?

THE MEDICAL OFFICER OF ST. PANCRAS WORKHOUSE.

IT is well the profession should know something of the kind of board and lodging which is provided for the resident medical officer of the St. Pancras Workhouse. His room is perpetually filled with sewer gas, bad enough to produce constant nausea and frequent diarrhœa. The guardians state that the drainage of the building is defective, and that the whole must be taken up. There is apparently no immediate prospect of this being done, so that an outbreak of fever may be pretty confidently predicted. Of course, the excuse is that a new infirmary is being built; but this is simply absurd, because, if the new infirmary were opened to-morrow, the present buildings would certainly be occupied by other inmates.

Secondly, the medical officer must be content to put up with workhouse fare. The food is so inferior that he must practically provide for his own board, or be in continual hot water with other officers.

Lastly, he may expect a nice little tyranny of some twenty or thirty masters, who are quarreling with right good will. And he must submit to the whole at a reduced salary of £170 a year.

DOUBTFUL LUNATICS AT HANWELL.

THE Board of Holborn Guardians have unanimously resolved to memorialise the visiting justices of Hanwell Lunatic Asylum for a special inquiry as to the propriety of discharging two pauper patients chargeable to the Holborn Union, the patients being, so far as the guardians could ascertain, sufficiently recovered to justify the request being made.

JOINED TWINS.

THE recent exhibition of the Siamese twins appears likely to furnish fresh evidence in support of the influence of maternal impressions upon the fœtus *in utero*. We find, in last week's papers, reports of two births of joined twins, in each case both children being females. One of these births is said to have taken place at Leicester, and to have been followed by the death of the mother; the other was in the St. Luke's district, the mother doing well. We learn from Dr. Rogers, the medical attendant on the occasion, that Dr. Barnes will shortly bring the latter case before the Obstetrical Society.

WE regret to learn that Mr. Joseph Swan, the venerable "father" of the Council of the College of Surgeons, is very seriously indisposed, and is hardly expected to recover.

A LARGE ship arrived in the Victoria Docks at the end of last week with no less than seven cases of scurvy on board, out of a crew of twenty-three hands, all told. This ship sailed in the autumn of 1867, and consequently does not come under the operation of the last Merchant Shipping Act. An official inquiry into the circumstances has been ordered by the Board of Trade.

THE QUEEN has contributed £100 towards the building fund of the Bournemouth Sanatorium. The following sums have also been either received or promised: the late W. H. Smith, Esq., £1000; W. H. Smith, Esq., M.P., £500; John Greenshields, Esq., £500. An extension of the present building is to be commenced this summer.

DR. M'CALL ANDERSON, in his report of the last year's work at the Dispensary for Diseases of the Skin at Glasgow, embracing the treatment of 1089 cases, states that, in consequence of the liberal subscriptions which have been made towards the building fund, a new hospital will shortly be built. We notice that Dr. Anderson now recognises as a separate and distinct disease the form of eruption which has been described as "impetigo contagiosa." It is satisfactory to find that the number of students attending Dr. Anderson's clinique is yearly on the increase: during 1868 there were forty-two gentlemen in attendance. But then Dr. Anderson is an able teacher.

AT the annual inspection of the Ayr Artillery Volunteers, on the 24th inst., a handsome piece of plate was presented to the medical officer of the corps, Dr. Burns. The plate bore the following inscription:—"Presented to Dr. M'G. Burns, by the members of the 2nd A.V.A., in token of their esteem for him, and in recognition of his long and valuable services as surgeon of the corps. Ayr, May, 1869." Colonel Sir Edward Hunter Blair, on handing the gift to Dr. Burns, said he had much pleasure in presenting it, and had no doubt that it would ever be highly regarded, as a memorial of the esteem in which he had been held. Sir Edward then handed to Dr. Burns a valuable pair of gold ear-rings, which, he said, the corps had thought proper to present to Mrs. Burns.

THE Liberals of Salisbury have had a demonstration in honour of their two members, Dr. Lush and Mr. Hamilton. A congratulatory address was presented; and both members, in reply, enlarged upon the questions which had engaged the attention of Parliament during the session.

DR. CAMERON delivered his third lecture on Public Health on Saturday, the 22nd inst., in the theatre of the College of Surgeons of Ireland. The attendance was numerous, and included several members of the medical profession. The subject of the lecture was, "Atmospheric Air and its Impurities." The next lecture will be on Ventilation.

THE Royal Berkshire Hospital has received a bequest of £100 from the late Miss A. M. Michell, of Speen, Berkshire. The Royal Free Hospital, Gray's-inn-road, benefits to a like extent under the will of the late Miss E. S. Kemp, of the City-road.

THE district medical officers of the West Ham Union, Dr. Clay and Dr. Hamilton, have had their salaries increased £10 and £15 a year respectively, in consequence of the injury suffered by the withdrawal of their vaccination fees.

THROUGH the courtesy of the editor of the *Dublin Quarterly Journal of Medical Science*, we have been furnished with proofs of the report of the late discussion at the Dublin Obstetrical Society on Maternity Hospitals, which, as usual, with the proceedings of that Society, will appear in full in that journal. The length of the report, and its interest and importance, prevent our doing more than briefly refer to it now.

DR. WHITMORE, in his last monthly report on the health of Marylebone, noticing the increased prevalence of typhoid fever, remarks upon the probable culpability of householders in not thoroughly seconding the Vestry in its efforts to prevent disease. Dr. Whitmore particularly refers to old disused cesspools which he has strong reason for believing to exist in many of the largest and best houses in the parish, and which are most dangerous sources of disease.

THE

DISTRICT PAUPER SCHOOL AT HANWELL.

DR. SHEA, the chairman of the Board of Managers of the Pauper School at Hanwell, has addressed a letter to *The Times*, in which he states, on the authority of Dr. Carter, the medical officer, that "the mortality for the last eleven years has been but 9·3 per 1000 per annum—that is, 13 below the average death-rate." As this statement impugns the one made in our columns last week, we subjoin the actual percentage for eleven years, calculated by the officers of the school, and re-examined by ourselves:—

	Mortality per 1000.
1858	22·8
1859	21·4
1860	13·0
1861	19·8
1862	30·6
1863	16·0
1864	13·0
1865	19·3
1866	7·1
1867	6·1
1868	12·0
Mean	16·5 per 1000

Mean death-rate for children of the same age in all England, 6·5 per 1000.

In a letter to *The Times* of the 27th, Mr. John Sewell has reproduced the erroneous statistics and false comparison quoted by Dr. Carter. The statements are indeed found in a Report issued by a Special Committee of the Managers, dated the 1st of February, 1869; but it unfortunately happens that several deaths occurred between that time and the 31st of March, to which date the yearly statistics have always been made up; and it would seem that the calculation must have been made for the last five years.

We have no wish to depreciate the value of pauper schools, but they will not be benefited by exaggerating their healthiness. We may congratulate the managers upon an improvement in the death-rate, due probably to the careful preventive measures adopted against scarlatina and other infectious fevers. But the important fact remains, that out of eleven years the mortality has only once been below the standard for children of this age, and has only once more approached it, notwithstanding the very admirable sanitary conditions in which the children are placed.

With respect to contagious ophthalmia, it is well to observe that the managers say in the same Report, that it is from time to time developed in every institution which, like that at Hanwell, contains a large number of children of the age and of the class it has of late years peculiarly selected for attack, and which allows fresh additions to such children to be constantly admitted within its walls. That the disease is peculiarly rife amongst the pauper children of the metropolis is shown by the replies made to the circular letter of the Poor-law Board, sent by the medical officers of the various Metropolitan District and separate Workhouse Schools (16 in number), which show that there was only one school in which the disease was not existent at the date of the replies. What better evidence could be given that it is endemic in such schools. It is quite true that it is a disease of poor children; but in country districts it is extremely rare, and in the metropolis, amongst the same class of children, it is more than three times less frequent than at Hanwell, as may be proved from the statistics of admission. The disease is so contagious that it is absolutely impossible to prevent its spreading in large schools containing young children; it is cured with the very greatest difficulty, and, as we said, there are scores of

children now in Hanwell in whom the contagious character is only temporarily in abeyance, and is liable to resuscitation on the slightest cause of irritation. It is impossible to doubt that congregation is the cause, since it occurs in all places where large numbers of young children are kept together; and the admirable sanitary arrangements found at Hanwell fail to do more than keep it within bounds.

Now, considering that several hundred children are discharged yearly, and that undoubted evidence can be brought forward to show that they propagate the disease in the localities to which they are sent upon discharge, we say that it becomes a serious question whether the educational advantages offered compensate for the evils which are inseparable from the system. The more so as the expense incurred (at least ten shillings each per week) is amply sufficient to board them out on the Scotch system, of which Sir John M'Neile speaks in unqualified praise. In reply to a question of Sir E. Colebrook at the Committee on the Scotch Poor Law,

Sir John said—"I am happy to say that very few children are brought up in our poorhouses. All deserted children, all orphans, all children necessarily separated from their parents by the condition and character of those parents, are now, in the large towns, boarded out in the country in the houses of peasants. There is a special inspector employed to look after them. They are clothed by the parochial board; they are sent to school at the expense of the parochial board; they are supplied with school-books at the expense of the board; and the result is the most satisfactory thing I have to report of the administration of the Poor Law.

"Sir E. Colebrooke.—Do I understand that the rule requiring all deserted or orphan children to be boarded out is universal?

"Witness.—Almost. The Board of Supervision have no positive authority to enforce it, but it is done by the exercise of influence on the parochial boards, by their own goodwill, and by their perception in the course of years of the great advantage of this system to the public. Never more than three are boarded in one house. The effects are such that ultimately they melt into the population, and you can afterwards find no trace of them, being undistinguishable from the people among whom they have been brought up. On the other hand, every child brought up in the poorhouse is a pauper in heart, and the first difficulty he meets with in the world sends him back to the poorhouse, as the only home he knows."

With a mortality two and a half times greater than ordinary children, and evidence like this before us, we repeat that an independent inquiry ought to be made before more institutions of this character are built.

Correspondence.

"Audi alteram partem."

VACCINATION DIRECT FROM THE HEIFER.

To the Editor of THE LANCET.

SIR,—From particular circumstances it was only two days ago that I first saw in THE LANCET of last week (May 15th) a short notice of vaccination direct from the cow, with reference to the experiments on this subject now being made by Dr. H. Blanc. I am far from wishing to say one word with the view of discouraging those experiments. *If* "animal vaccination," as it is termed, be as sure and successful a process as vaccination practised from the arm in the way we practise it, by all means let parents have their choice, so far as practicable, of the two modes of proceeding. *If*, on the other hand, it be a much less sure and a much less successful practice, let us stand by that which has stood us in such good stead, and before which small-pox has been gradually receding for the last seventy years. In this respect, the balance of evidence at present is (as I think I have shown, "Handbook of Vaccination," pp. 95, 336) very strongly against animal vaccination. Dr. Blanc, whom I have had the pleasure of seeing, informs me that this has been in great measure from imperfections attending the early practice, which are now understood and avoided. It may be so; but other information I had recently from Paris was not to the same purport. It is a matter about which I hope to make personal inquiries, as soon as the very severe pressure of other engagements will allow; and meanwhile I am glad of any experiments which may help to throw light on the matter. At present, then, except that I would, in passing, enter a protest against any appeals to mere prejudice in support of this, as of any other, practice, it is not my purpose to enter into any discussion respecting it. Do its advocates really imagine that they are doing themselves any service by pandering to the prejudice, which is often entertained by the ignorant, that the prophylactic power of a vaccination is impaired by lymph being taken out of the vesicle? What tittle of proof can they advance for such an assumption? And when they talk of the ailments arising from the use of degenerate lymph (!), do they forget, or have they read of, the results of "bestial humours," of which so much is said, on grounds quite as good, I am sure, as any they can allege, in a certain portion of the early literature of vaccination. Appeals to prejudice are not only unlawful,—they are dangerous and double-edged weapons.

What I have now in view, Sir, in writing to you, is far apart from the merits or demerits of animal vaccination; it is simply to correct some misapprehensions which would appear to exist respecting the supply and quality of vaccine lymph in this country. The supply is spoken of as scanty, and the character as indifferent. Let us bring this to the test of facts.

As to scantiness of supply, I am afraid that a very few years ago the allegation could not have been denied. It is matter of history that, from the subdivision of vaccination that had taken place in England, the resources of the National Vaccine Establishment were about twelve years ago at an almost desperately low ebb; but from the steps then taken, and since steadily pursued, they are now amply sufficient. The stations on the staff of the establishment furnish weekly, from an abundant number of cases, lymph enough to meet all current demands; and other stations, already for other purposes in direct connexion with the Privy Council, are in reserve for any emergency. But much more than this. Under the operation of the new law and regulations, there has been already such a change in the system of public vaccination in England, that at this moment there could be organised for immediate use, out of public stations in London and other large towns, served by first-class vaccinators (not at present in any relation to the Privy Council other than that they are subject to the supervision now applied to all public stations) a second National Vaccine Establishment. By this I mean that we have at immediate disposal unutilised resources equal to the whole resources of the National Vaccine Establishment. And by the end of the year there will be materials at least equal to a third establishment, and I know not how much more to spare. I think, then, we are justified in speaking of scantiness of supply as a thing wholly of the past.

And now as to the character of the lymph. I suppose this is to be determined by the perfection of the vesicles it produces, and by its infective power. Let us take the last first. I have already put on record ("Handbook," p. 160), the almost uniform infective success of the lymph in use at the establishment stations. I will therefore take now the results which I witnessed last week on visits, quite casual and unexpected, at five public stations not in any connexion with the establishment, but stations which have sufficient resources, and good vaccinators. They were two of them in London, two in Liverpool, and one in Birmingham. What did I find? There were, at the five stations, 91 children for inspection, in not one of whom had the vaccination failed, and in whom altogether 446 insertions of lymph had resulted in 443 vesicles. And by every test which determines the goodness of a vesicle, these were as perfect as could be. But surely the best testimony that can be advanced as to the character of the vesicles resulting from the current lymph, is that of Mr. Ceely, who has so much larger

acquaintance than anyone else amongst us of those which result from lymph direct from the cow; and this testimony, given after special inquiry, is quite unequivocal as to "the perfectly satisfactory character of the lymph in use."

But if we take this very lymph, which when used direct from arm to arm produces these results, collect it in tubes, or store it on glasses or points, and then (perhaps after keeping it some time) send it over the country, will it give us similar results? Assuredly not. All processes of storage—no matter what they are—so interfere with the value and efficacy of lymph, that in the best hands the results would be far inferior, in average hands still less satisfactory, and in the hands of bunglers very unsatisfactory indeed. This proves a great deal against vaccinating with stored lymph; but what does it prove as to the character of the lymph itself? Dr. Blanc informed me, with regard to calf-lymph, that he had no reliance upon it unless it was taken direct from the animal: that this lymph in tubes was constantly disappointing him. So that the real remedy is not in altering the source of the lymph; it is in minimising the necessity for having recourse to stored lymph at all.

I am, Sir, your obedient servant,

Athenæum, May 22nd, 1869. EDWARD C. SEATON, M.D.

To the Editor of THE LANCET.

SIR,—As it is impossible for me to reply to the many applications I receive for cow-pox, I would feel obliged by your inserting this letter in THE LANCET.

I must decline to supply the profession with cow-pox collected on heifers for the following reasons:—1. Cow-pox taken from heifers does not keep in tubes or on points. 2. When used immediately after reception, it may succeed; nevertheless failures under those conditions still take place.

Vaccination with cow-pox can only be practised with real benefit *direct from the heifer*. From the testimony of others, and from my own personal experience, I can advance that under those circumstances *success is the rule*, and the results obtained altogether so satisfactory as to leave far behind any other system.

I understand animal vaccination possible as a part of our national arrangements only by adopting the following plan:—

1. For those who desire to benefit from the advantages of fresh lymph direct from the heifer, let them come to me, or to any other medical man who, like myself, will devote himself *entirely* and *exclusively* to animal vaccination. The question is a very simple one. If animal vaccination is really worth what we state it to be, the little trouble of having to come to me, or other similar vaccinators, should not for an instant be considered, nor stand in the way, when the health and welfare of those entrusted, or dear, to us is in question.

2. For those who have no objection to human lymph, or even prefer it, let them once or twice a week send or bring to me a few healthy children. From them lymph of first and second transmission can be collected in tubes (it then keeps very well), or vaccinate with it other children direct. The lymph, not being *far removed*, will still possess many of the essential qualities of cow-pox.

3. Let public vaccinators and private practitioners, or some enterprising surgeons in large provincial towns, follow my example, and vaccinate direct from heifers. To such I will always be happy to supply cow-pox (it takes always well on heifers even after a fortnight in tubes), and a few days at my place would be sufficient to teach them the *modus operandi*. Nor would it be necessary for such medical men to keep up a constant succession of animals; but only vaccinate from them when they have collected a few hundred children. By applying to me they would *at any time* get a fresh supply, as I intend always keeping a regular succession of heifers.

This week I have supplied cow-pox in tubes or on points to many of those who have applied for it. I have done so against my conviction, as my refusal might have been misconstrued. I have warned them all of the probability of failure.

I am willing and anxious, in a matter of such deep and general interest, to help in any way my professional brethren; and I cannot do so better on this occasion than by placing before them the case honestly in all its bearings. I am, Sir, your obedient servant,

H. BLANC, M.D.

9, Bedford-street, Bedford-square, May 23th, 1869.

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—As a senior Fellow (by examination) of the College, I have been requested to become a candidate for one of the vacant seats in the Council at the next election.

It is the opinion, I believe, of the majority of the Fellows,—

1st. That no member of Council should be placed in the invidious position of being called upon to vote when his own interest is concerned.

2nd. That members of Council should not vote for themselves as examiners.

3rd. That the Council and Court of Examiners should, as far as may be, be distinct from each other.

4th. That, in the words of the charter of the 14th of September, 1843, the presidents and vice-presidents of the College should no longer be chosen exclusively from or out of the examiners of the College, but from or out of all the members of the Council indifferently; and that all future examiners of the College should be elected by the Council, either from the members of the Council or from other Fellows of the College.

5th. That students should be examined on the subjects they are taught, and taught those things upon which they are examined.

These principles I have long maintained, and shall hope to see carried out. It has appeared to me unfortunate that the Fellows of the College should have no opportunity of expressing their opinions upon these and similar subjects directly to the Council. The only occasions upon which they can indirectly do so are at the elections of members of Council; and upon these occasions no discussion is allowed.

I am, Sir, your obedient servant,

Savile-row, May 24th, 1869. HENRY LEE.

MR. SYME.

To the Editor of THE LANCET.

SIR,—Mr. Hugh Norris says, in this week's LANCET, that a step towards conferring some titular honour on Mr. Syme "would be hailed with acclamation by the profession not only in Great Britain, but throughout all Europe."

I am sure that Mr. Norris is right in this view, and I am also sure that I do not take upon myself too much in saying that it would be hailed with equal delight by the whole American medical profession.

There is no European name better known, more appreciated, nor indeed more venerated in my own country than that of James Syme. And I know that I speak the voice of my countrymen when I say that a baronetcy conferred on Mr. Syme would carry joy to the hearts of more than twenty thousand of his brethren across the Atlantic.

If his friends should ask for it, how could any Government refuse it, be his politics what they may?

I am, Sir, your obedient servant,

Faubourg St. Honoré, Paris, May 24th, 1869. J. MARION SIMS.

To the Editor of THE LANCET.

SIR,—I most fully concur in every sentiment expressed by Mr. Norris in your last number; but although ignorant how far your "very powerful voice" may influence the powers that be to confer on Mr. Syme the honour he so well merits, I know the potency of your advocacy with the profession, and therefore, as one of Mr. Syme's oldest pupils, retaining also a vivid recollection of personal kindness, as well as of valuable instruction received from him, I take the liberty of suggesting what I believe will be no less gratifying and cheering to him than any "titular honour,"—namely, an extensive and practical expression of that sympathy and respect from the profession to which his past distinguished career and present affliction entitle him, and which probably could be conveyed in no more agreeable manner than by establishing a Syme scholarship (in surgery?) in that University where he has been so long a distinguished professor. Such compliments are usually only

paid after death, as incitements to the living, the recipients being then alike insensible to praise or censure; but Mr. Syme's is an exceptional case,—struck down, as he has been, by a distressing malady while in the active discharge of his duties.

If the suggestion I have ventured to make be acted on, I shall be happy to forward my mite of £5 5s. to you, or any Committee formed for that purpose.

I am, Sir, your obedient servant,

Kensington, May 25th, 1869. D. FRASER, M.D.

THE VACCINATION ACTS AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—It is evidently the Marquis Townshend's intention to put a stop to vaccination in country districts altogether by his proposed Amendment to the Vaccination Acts, or else he knows but little of the subject with which he proposes to deal.

It appears to me an absurd thing to suppose that any public vaccinator would continue to hold his appointment, nor could fit persons be found to accept appointment as public vaccinators, under such conditions as he proposes.

The trouble and difficulty which would be experienced in getting two medical friends to accompany you to every case of vaccination in a wide country district, to see that each child was vaccinated with virus taken from the arm of another healthy child (for this is what would in reality be the case, as no one can pretend to say, from merely examining the virus in a capillary tube or on the ivory point, whether it is from a healthy child or not), would be quite sufficient to deter anyone from accepting such an appointment. Then comes the question of remuneration. I should be glad to know who would hold an office which perhaps yields him, under the present rate of payment, from £5 to £10 per annum, and become liable to any number of £5 penalties in the event of his being unable to comply with the Act, should it become law. And, as your correspondent of last week (Mr. Monckton) suggests, what provision is made for the remuneration of the medical men certifying, even supposing they could do so?

Then, again, what is to become of our National Vaccine Establishment, which supplies vaccine gratis to those who choose to apply? It must either be altogether abolished, or its value be so impaired that it will be useless except in London, and we country practitioners will be deprived of the only source from which we can procure vaccine when our stock runs short.

The noble marquis seems, in his zeal to confer all the benefits in his power on suffering humanity, not to have perceived that the mere certificate informing the anxious parents that the vaccine wherewith their child is to be vaccinated is taken from a healthy child, would go a very short way towards lessening the evils which he supposes result from vaccination with uncertified virus. Medical men and public vaccinators generally have too much regard for their own good name, and are too conscientious, to promote the growth of disease when they can avoid it. I can only hope that the noble marquis will withdraw his Amendment to the Vaccination Acts.

I am, Sir, your obedient servant,

Settle, Yorks, May 25th, 1869. EDWIN S. GREEN.

TREATMENT OF FRACTURES OF THE LEG.

To the Editor of THE LANCET.

SIR,—I find, on looking over some of the late numbers of your journal, a report of a very interesting clinical lecture delivered by Mr. Paget on the above subject (THE LANCET, Feb. 27th and March 6th). He therein refers to a "cradle" for suspending a fractured leg, and then endeavours to prove its value. Now, it is impossible that, in a limb simply suspended by four straps from a similar number of trucks (for I presume there are trucks) placed on two longitudinal rails on the same plane, the important condition can be fulfilled,—namely, "that the broken parts should be kept at rest, and the remainder of the body should be comparatively free to move." I am at a loss to know how "the patient's leg is kept completely at rest in the splint; but, being slung in this cradle, he can move the rest of the body," unless it be longitudinally, without any motion taking place at the seat of fracture; for if the trunk and the limb are not both lying longitudinally, in the natural direction of the splint, thus slung more or less strain must take place. To prevent motion *in* a limb, there must be no obstacle to the voluntary or involuntary movement *of* the limb, horizontally, in any direction; and this condition cannot be fulfilled by the apparatus in question. I do not doubt for a moment that the majority of fractured legs, if treated in the manner described by Mr. Paget, would eventually turn out well; but not on account of the perfection of the "cradle," which would be evident if the side-splints were removed, or an inflamed and highly sensitive joint were used as a test. I believe I am correct in saying that the only suspender which will allow a patient to move his body longitudinally, laterally, and on its short axis, so as to lie across the bed diagonally, or to adduct or abduct his limb, and at the same time ensure absolute rest in the diseased or injured part, is the one I invented a few years since, and described in THE LANCET of Feb. 24th, 1866, and which I had the honour of showing and explaining to Mr. Paget in 1867. A few minor alterations and additions have since been made, but the apparatus remains substantially the same. Mr. Paget places suspension as second in importance in the treatment of fractured legs. When using my suspender, I regard it as equal, if not superior, in importance to the splint; for I can dispense with side-splints, and yet there will be no motion at the seat of fracture during movements of the limb or body. Apart from its use in mechanical treatment, I need scarcely add that this appliance is also a luxury to the patient.

I should not have ventured to make these few remarks but for the amount of thought I have bestowed on the subject for several years.

I am, Sir, your obedient servant,

Plymouth, April 24th, 1869. HENRY GREENWAY.

ON THE POSSIBILITY OF AN INFANT BEING POISONED BY STRYCHNINE THROUGH THE MEDIUM OF ITS MOTHER'S MILK.

To the Editor of THE LANCET.

SIR,—In your annotation on the cases of poisoning by strychnia at Lynn, and Dr. Letheby's evidence before the coroner, you mention that the question had arisen whether strychnia can, after ingestion by the mother, be transmitted to the infant. If I rightly understand the circumstances of the cases referred to (and I have read an account of them in a local paper), Dr. Lowe, the medical attendant, was sent for to see the husband, and it was during his visit to him that the wife was for the first time seized with convulsions, and she did not suckle her baby afterwards; so that in this case there could be no ground for the expression of any doubt in the matter.

It is, I believe, the generally received opinion that *as soon as* strychnia is absorbed into the blood in sufficient quantity, it produces its physiological effects. If the phenomena of a case of poisoning with strychnia be looked upon from a medico-legal point of view, no comparison can be drawn between it and other vegetable alkaloids, with regard to its presence in the milk glands and its withdrawal therefrom by an infant; the immediate and abrupt manifestation of its symptoms on being absorbed into the blood renders it impossible that the poison can be conveyed to the lacteal system before convulsions are produced, and when convulsions commence it is highly improbable that a mother could suckle her infant during a paroxysm, or, unaided, during the intervals of exhaustion.

It seems to me therefore impossible, for the reasons I have given, for a child to imbibe sufficient strychnia from its mother's breast to produce symptoms of poisoning.

I am, Sir, your obedient servant,

J. WILLIAMS, M.D. Edin.

Sudbury, Suffolk, May 17th, 1869.

THE METROPOLITAN CATTLE MARKET.

(*Concluded from page* 731.)

IT strikes one as a curious disposition of the Ministerial work that a knowledge of the movements of diseased sheep and beasts on the continent of Europe and in England should form a part of the task allotted to the Minister of Education. But so it is; and, as Mr. Forster told his constituents at Bradford the other day, it is a matter of vast importance to know how to deal with the importation of cattle so as to prevent diseases from being communicated to animals in this country.

The cattle plague ceased in 1867, the weekly return of the 11th of September of that year containing the last cases. The total number of beasts attacked was 278,927; and that of healthy animals slaughtered to prevent the spread of infection was 56,911. The parliamentary vote for compensation to the owners of cattle amounted to £25,000. The cattle plague read us several lessons,—some of which we are, and some we are not, likely readily to forget. Among the former we may reckon, perhaps, the worthlessness of the theories as to the nature and treatment of the disease in which irresponsible persons indulged in the daily press, to the detriment of the public interests, and the embarrassment of the few whose advice, as it proved, was of any real benefit. Those who know least about a subject are often readiest with advice; and ignorance, and readiness to give and listen to advice, are not likely to die out. Among the lessons which we shall not forget was the indubitable proof the epidemic afforded that the disease depended upon a blood-infecting virus, capable of being reproduced within the body of animals under its influence, and of being transmitted from place to place with the same facility that we can convey a portable material endowed with sensible properties. Knowing this, the Government will scarcely fail to be on their guard against its introduction in future.

The following table will afford an idea of the extent and relative proportion of native and foreign sources of supply.

Cattle, Sheep, and Swine at the Metropolitan Cattle Market during 1868.

	Cattle.	Sheep.	Swine.
English ...	192,480	1,521,260	18,188
Foreign ...	97,119	183,070	1,063
Total... ...	289,599	1,704,330	19,251

In looking over the return furnished to Parliament in 1868, on the past and present supply of live and dead meat to this country and to the metropolis, which has been issued by the Veterinary Department of the Privy Council, we are at once struck with the large amount which comes from Holland, Germany, France, and Belgium; the first-named country occupying the most prominent place.

We saw a well-marked specimen of diseased lung from an ox which had suffered during life from the contagious form of pleuro-pneumonia. It presented an appearance exactly similar to that of hepatisation in the human subject. Cases differ a good deal in the extent of lung involved; but it seems that a suppurative or softening stage is not usually reached. This kind of pulmonary disease in oxen is easily determined by the dulness on percussion which accompanies it. So far as is at present known, treatment is not of much avail—we should have added of none whatever, but for the statement made by the Government inspector, to the effect that carbolic acid was the only agent which had apparently proved successful, when administered internally and spread about the sheds mixed with sawdust.

In going through the lairs of animals—oxen, sheep, and pigs, in separate divisions,—we were agreeably struck with the degree of cleanliness which was maintained. The market is of large size, covering altogether about seventy acres. It is placed on a gradual incline, so that its drainage is rendered easy, and the officials trust entirely to water and air as purifying agents. To a man at all accustomed to the fine, well-bred sheep of England, the display in the market was the reverse of gratifying. The Leicester and South Down breeds were conspicuous by their absence, and we did not see a single animal that came up to our mark. If you were to go into any butcher's shop, and ask for Welsh mutton, you would get something so named supplied; but it would, nine times out of ten, not be Welsh mutton. Probably it would be obtained from the Merino breed, of which we saw a large number in the market. The German variety is a large ugly-looking sheep. It has long legs, a big white face, and a goat-like conformation of head. Small-pox is probably the most important contagious disease of sheep. In passing, we may say that parasitic diseases are common enough in them. The *Cœnurus cerebralis* forms one of these; but we understood our guides that they had never seen a specimen of the *Cysticercus tenuicollis* in the brain of sheep.

And now a word or two about cheap meat. This is the question of the day. How many of our poor in England seldom eat meat at all; and how much more numerous is the class who are compelled to consume only an insufficient amount of it, and that of an inferior quality. Power to work, power to resist disease and to recover from its attacks, depends a great deal on the ability to procure beef-steaks and beef-tea. We cannot say that the information we gleaned was calculated to reassure us. There appeared to be a scepticism amounting to positive incredulity, on the part of those we questioned, as to our being soon enabled to procure meat at a reasonable, much less a cheap, price. The law of the Medes and Persians altereth not; and butchers are, in their way, as inexorable. Between the wholesale market prices and those of the retail butcher there is a difference wide enough to explain the very profitable nature of the butcher's trade. When we asked how it was that in this, as in other things, matters did not find their own level by competition, we were told that it would take a week to understand it all. It was a monopoly, no doubt, but one altogether peculiar. During the cattle plague, when beasts worth £15 had to be slaughtered, and became only worth £5; when the market was glutted with dead meat, arising from compulsory and wholesale slaughter,—the butchers kept up their prices, and if the public complained of them, the answer was ready and convincing: "the cattle plague." But, we urged, there is the threatened invasion of meat from abroad—from Australia and South America. If the supply from those sources can be procured in large quantity, the price of meat must undergo rapid diminution. No: the butchers would buy it all up themselves, perhaps; but cheap meat would not be procurable, in the opinion of those we questioned. Here is a task for Mr. Forster, the Minister of Education. It is fitting, perhaps, that the two things should go together—supplies for body and mind. It is Cobbett's remark that he wanted to see everybody able to eat bacon, if not to read Bacon. Here are a few facts as to what the prices of provisions were when proclaimed by the Corporation in 1363, in Norman French:—A *spaude* (shoulder) of roast mutton, 2½*d.*; a *brusket* of roast mutton, 2½*d.*; a capon, baked in a pasty, 7*d.*, a roast goose, 7*d.*; the best carcase of mutton, 2*s.*; the best *loigne* of beef, 5*d.*; the best *pestelle* (leg) of pork, 3*d.*; the best *loigne* of pork, 3*d.*

PARIS.

(FROM OUR OWN CORRESPONDENT.)

REPRESENTATION OF THE PROFESSION IN THE FORTHCOMING FRENCH PARLIAMENT.

FRANCE has just traversed its electioneering period with unusual spirit and animation. Yesterday and the day before, the *bureaux de scrutin* were in full operation, and at the time I write the results of the election are being published throughout the whole land. Among the candidates of all shades of political opinion who have presented them-

selves for nomination, there exists a somewhat large number of medical men. M. Bouley, veterinary surgeon and member of the Institute and Paris Academy of Medicine, has been canvassing at Alfort, the seat of the Veterinary College, of which he is the director. Though well known to and fully appreciated by the rural population of the neighbourhood of Alfort, through his duties as a veterinary surgeon, his efforts have proved quite unsuccessful before the popularity of Pelletan, the well-known Radical member. M. Berrier-Fontaine, physician to the Emperor, has also been soliciting the votes of the second circumscription of Paris, in opposition to M. Thiers; but his candidature has been still less successful. In the provinces, however, it is fully expected that a fair number of medical candidates will be returned. It is curious to observe that their election is strictly political, and has nothing to do with the desire of seeing the medical interest well represented in Parliament. The public is not at all alive to the importance of having the sanitary questions of the day discussed by competent persons. It must be confessed that the profession in France is most singularly apathetic in all such matters. It does not even think of sending a few of its members to Parliament with the object of having medical interests and medical corporations well represented beside the countless lawyers, journalists, engineers, retired military men, and land proprietors, who compose the lower House; and therefore it makes no use whatever of its great and legitimate influence in this direction. Still less does the profession estimate the advantages which would accrue to the general public by the better elucidation of all the sanitary matters touching which the French Chambers are called upon to legislate. All such considerations are completely absent from the minds of medical practitioners in France, and the whole energies of the best men seem to be absorbed by the desire of making to themselves a scientific reputation or of acquiring an extensive practice. This state of things, applying specially to the present elections, is the more to be regretted, as the forthcoming Parliament will be called upon to consider the medical institutions of the country, a total reform of which is now being discussed.

PROFESSOR CLAUDE BERNARD AND THE FRENCH SENATE.

In my last chronicle but one I mentioned the appointment of the celebrated French physiologist to a seat in the Imperial Senate. It appears that the idea of the advisability of this appointment arose in connexion with the warm discussion which took place some time ago in the Senate in relation to certain petitions demanding the right of free teaching throughout France, on the ground that the official teaching of the Faculties, especially that of Paris, was deeply tainted with materialistic doctrines. During the discussion, the names of several *savants*, and above all that of Claude Bernard, were frequently uttered by the orators, who showed, as was natural, much inexperience of the different scientific views which they wished to incriminate or to defend. It became evident that the defence of scientific interests, as well as of the scientific tendencies of the day, had better be placed in competent hands; and the appointment of some French *savant* possessed of a high and undisputed authority on all scientific subjects, was decided upon. For holding such a seat, no better choice could have been made than that of Claude Bernard. His high reputation and special character as a *savant* better fit him for the duties of representing the cause and interest of general science in the Senate than Nélaton, who is more strictly a surgeon; than Dumas, whose labours, though of the highest value, have been exclusively devoted to chemistry; and than Conneau, whose experience is confined to the practice of medicine. Claude Bernard's position in the Senate may therefore be compared with that of Frerichs or Rokitansky in the House of Lords of Vienna.

It is undeniable that Claude Bernard's novel position, in the various connexions which it will establish between himself and the authorities, will put him in the way of rendering good service to the progress of science in this country. This ambition he has already expressed to the Emperor, by whom he was received a few days ago; and, amongst other details of this interview, it appears that the Emperor listened with extreme interest to Claude Bernard's relation of all the great things which are being done in Germany for the progress of science, and was not a little struck by the statement that a sum of *three millions* had been accorded by the Prussian Government to the laboratories of Bonn and Berlin.

CONTEMPLATED REFORMS AT THE PARIS SCHOOL OF MEDICINE.

The recent agitation of the students will probably have the beneficial effect of being followed by the introduction of some changes in the present curriculum of the Faculty. It is not through the pressure exerted upon them by the students that the professors have taken up an inquiry into the innovations which may be adopted. The Faculty has been considering various plans for reforming the present curriculum during several years past. But the agitation of the students, though much to be blamed on account of its disorderly character, has at least given fresh momentum to the general desire for altering the present plan of studies. The adoption of a new curriculum, however, whether the reform be very extensive or very limited, cannot take place immediately, as it requires the ordinary run of legislative procedure to modify the existing order of things, in however slight a degree.

The innovations suggested to the Government by the Faculty will certainly include the abolition of one of the three examinations on Chemistry, Natural Philosophy, and Natural History. I am glad to find, in an article published in *La Gazette Hebdomadaire*, that the plan which will doubtless be adopted in regard to this special examination on the accessory sciences is very similar to the one which I suggested in my last letter—namely, a severe examination on the sciences at the outset of the student's curriculum, thus laying a sure scientific foundation for his future studies, and thus leaving him undisturbed in his subsequent learning of anatomy, physiology, pathology, clinical medicine, &c., and then an interrogation on the medical applications of the sciences when the student goes up, four or five years later, for his examinations in physiology, materia medica, therapeutics, forensic medicine, &c.

The only difference between the plan mentioned by Dr. Déchambre as being destined to be adopted and the one which I have suggested is the following, which I consider, however, to be very important: the examination in chemistry, natural philosophy, &c., which would take place at the outset of the curriculum, is styled "medical chemistry, medical natural philosophy," &c. I confess I do not see how a student can well understand the medical connexion of chemistry, &c., without knowing something of the several branches of medicine proper (physiology, materia medica, therapeutics, &c.); and I think he had better be interrogated at the outset on *pure* chemistry, *pure* natural philosophy, &c., and only at a later period on the medical application of these sciences, with which he will have become acquainted whilst studying physiology, pathology, therapeutics, medical jurisprudence, &c.

Though the third of the five examinations for the Doctorate would be abolished, according to the scheme in contemplation at the Faculty, the whole of the five examinations would yet be maintained, only their character and order would be altered. The first and second would remain as they are; the third would take in hygiene, legal medicine, therapeutics, and pharmacology; the fourth would consist in a clinical examination on medicine, including therapeutics and the art of prescribing; whilst the fifth would be also conducted at the patient's bedside, and would be devoted to clinical surgery, surgical operations, and accouchements. The advantages of such a plan would be great. Instead of only one examination at the patient's bedside (only one practical examination on the whole series), and instead of but one examination on therapeutics (as I mentioned in my last letter), there would be two. The practical education of the student would gain immensely thereby, and this multiplication of the tests which the student would have to undergo would enhance considerably the value of the diploma of the Paris Faculty.

NEW PARISIAN BOOKS.

The following works have recently issued from the Parisian medical press:—"Traité Elémentaire des Maladies des Femmes," par le Dr. Elleaum: Asselin. "Atlas d'Anatomie Pathologie, de Lancereaux," 3e et 4e fascicules. V. Masson. "Traité des Maladies de la Peau, du Prof. Hebra," traduction du Dr. Doyon, 3e fascicule: V. Masson.

Paris, May 25th, 1869.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

BIRMINGHAM has recently been very active in the improvement of its medical charities. Only some four months ago the new out-patient department of the Children's Hospital was opened, and now the same charity is about to remove its in-patient department from the small and badly-situated premises in Steelhouse-lane to the more commodious building hitherto known as the Lying-in Hospital. The new hospital will accommodate from between fifty and sixty beds, in place of the thirty now in use; while the yearly rent of £150 will be about the same as the annual cost of the present building. The subscribers to the Lying-in Hospital charity will shortly be called together to approve of the arrangement, and will no doubt congratulate themselves on having let their hospital for so suitable a purpose. As the out-patients will continue to be seen in the new buildings in Steelhouse-lane, the two departments of the hospital will be separated by a considerable distance, but the advantages of improved site and increased accommodation will more than counterbalance any slight inconvenience.

Oddly enough, the same week has witnessed the disposal of the Lying-in Hospital and the abolition of the midwifery department of the Queen's Hospital. The surgeon-accoucheurs of the latter institution were bowed out on Friday last with a vote of thanks, and the assurance that the object of the governors in abolishing the department was not of a personal nature.

The last eighteen months have thus seen the closing of the midwifery department of the General Dispensary, the conversion of the Lying-in Hospital into a lying-in charity employing midwives, and the abolition of the midwifery department at the Queen's Hospital. Now that all these three sources of instruction are closed, it becomes really a serious question where the students of the Medical School are to learn practical midwifery. Under the old system apprenticeship afforded the means, but now a great number of the students have no such opportunities.

The working men's fund for the extension of the Queen's Hospital is growing slowly, and no doubt eventually a respectable sum will be raised. One good result at least has followed in the initiation of a similar movement to aid the hospital which is being established at West Bromwich.

Last week, after a slumber of some four or five months, the Friendly Societies' Committee met again. No business of importance was transacted, but it was announced that some half dozen club surgeons had withdrawn their names from the 5*s.* declaration. After this the committee adjourned for another slumber, this time of six months' duration. "While the cat sleeps the mice play" is true enough in this instance, as the six withdrawals testify. The six months' repose now commenced will offer ample time for fresh gambols, to the detriment of the professional union, which at one time seemed so promising.

The health of Birmingham has of late been remarkably good. None of the great towns have had so low a death-rate. For the week just passed the mortality has only been at the rate of 17 per 1000; and for the six previous weeks the Registrar-General's returns have given death-rates of only 19·7, 20·8, 16·5, 19·2, 16, and 20·5 per 1000.

Birmingham, May 22nd, 1869.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

THE principal topic of interest in medical circles in this city just now is the discussion going on in the Obstetrical Society, which was originated by Dr. Evory Kennedy, as to the propriety of abolishing lying-in hospitals, and indeed all other hospitals on a large scale, and substituting in their room sets of cottage hospitals, in which the risk of infection would be reduced to a minimum; Dr. Kennedy thus taking upon himself to play the *rôle* originally assumed in Edinburgh by Sir James Y. Simpson. The subject is one of vast importance, and has already occupied the attention of the Society for several meetings; nor does its discussion seem to be yet exhausted, last Saturday's meeting being adjourned to next Saturday, for its still further consideration. Dr. Kennedy, who opened the proceedings by a very able statement, has been followed by a number of the most distinguished of our obstetrical practitioners, who, so far, do not seem to favour his views, and oppose them with considerable but varying ability, and at great length; Professor Sawyer, for instance, having occupied the entire time of the last meeting in combating Dr. Kennedy's views, which he did in a masterly manner, and in a speech of considerable humour,—so humorous, indeed, as at times to convulse his hearers with laughter. Next Saturday's proceedings are looked forward to with considerable interest, inasmuch as Dr. Beatty is expected to resume the debate; and, should time permit, Dr. Kennedy will reply to the arguments, statements and views of his several opponents, and the members present will be asked for their verdict, which, so far as appearances at present go, will be an adverse one to that which Dr. Kennedy would desire.

The annual meeting of the Fellows of the College of Surgeons, to review the Report of the Council for the past year, will be held on Monday next. It is to be supposed that the report will be received with satisfaction by the Fellows at large, inasmuch as it is a very voluminous one, entering into minute details of the *res gestæ* of the year, and, better still, in the abstract of the income and expenditure, shows a large balance to the credit of the College upon the year's receipts. On the subsequent Monday, 7th of June, a second meeting will be held for the election of President, Vice-president, and Council—all these officers being but annual, and it being competent for the Fellows at large, should it so seem fit to them, to appoint for the ensuing year an entirely new set of Councillors. All the outgoing Council, save one, Mr. Wilmot, seek for re-election, and a large number of candidates contest the place with them. From the popularity of some of them, an infusion of new blood into the Council is a contingency that would by no means surprise your correspondent. That the outgoing Council, however, have efficiently discharged their duties in the year just ended, is a fact that cannot be gainsaid in view of the present report.

Dublin, May 25th, 1869.

THE ROYAL SOCIETY OF MEDICINE.

THE adjourned special general meeting of the Royal Medical and Chirurgical Society, to consider the proposed scheme for the formation of the Royal Society of Medicine, was held on Thursday evening. The remaining resolutions of the scheme put forth by the Council were carried with but little discussion, and with no important modifications. The whole scheme was then referred to the various Societies mentioned in Resolution XII., in order that they may consider the principles and details involved. Dr. Pitman, Mr. Holmes, and Mr. Gascoyen were nominated to represent the Royal Medical and Chirurgical Society on the General Committee.

NEWCASTLE AND THE CONTAGIOUS DISEASES ACT.

AN important meeting was held in Newcastle on Monday evening, to urge the extension of the Contagious Diseases Act. The Mayor presided, and letters expressing approval of the objects of the meeting were read from Mr. Cowan, M.P., Mr. Headlam, M.P., the Hon. H. G. Liddell, M.P., Sir Wm. Hutt, M.P., and Archdeacon Prest. Dr. Arnison, in a report which he read to the meeting, touching the necessity for the introduction of some compulsory measure to control disease in Newcastle, stated that of the total regular patients of the infirmary during five years, exclusive of accidents, one-fifth were suffering from venereal

complaints, and of the in-patients actually one-fourth. Dr. Bolton commented on this fact in one of the recent reports. Dr. Murray and Mr. Fife, in their report of the Children's Hospital, also point out that no less than one-twentieth of the children attended at that institution are sufferers from the hereditary form of what the public now generally understand as "contagious disease." The Sheriff moved the first resolution, to the effect that it is desirable that the benefits of the Act should be extended to the civil population at once. This was carried by a large majority. It was also agreed that petitions, signed by the Mayors of Newcastle and Gateshead, should be presented to both Houses of Parliament, asking for an extension of the Act.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the first part of the professional examination for the diploma of Fellow of the College at meetings of the Court of Examiners held on the 25th and 26th inst.:—

G. T. Jones (diploma of membership dated July 23, 1840), F. A. H. Robson (June 27, 1856), C. C. Fuller (Feb. 6, 1857), G. E. Walker (April 23, 1863), Marcus Beck (July 26, 1865), H. C. Wigg (Jan. 19, 1869), A. H. Carter, S. M. Bradley (June 10, 1862), J. R. Woodcock (July 28, 1864), A. O. M'Kellar (April 24, 1867), Edward Kennedy (May 4, 1869), Alfred Winkfield (Dec. 2, 1859), A. E. Cumberbatch, H. A. Smith, Matthew Coates (Jan. 14, 1859), John Rand (March 12, 1867), F. C. Manby (Jan. 23, 1866), A. C. Roberts, Thos. Michell (Dec. 6, 1859), Waren Tay (April 25, 1868), R. T. Wright (April 27, 1866), A. C. Maybury (April 27, 1866), W. S. Paget, Francis Warner, W. A. E. Waller, S. H. Byam, G. E. Herman, C. E. S. Perkins, T. H. Hunt, R. W. White, W. G. Lowe, H. J. Rope, H. E. Dixon, John Tweedy, F. W. Skrimshire, A. R. Betts, G. Le Hunt Rowland, Thomas Jones, J. H. Mummery, A. M. Branfoot, F. J. Carey Michael Harris, J. T. Ingoldby, W. H. Jalland.

Seven other candidates were admitted to their *viva-voce* examination on the above-named days, but failed to acquit themselves to the satisfaction of the Court, and were referred to their anatomical studies for a period of six months.

The following Members of the College passed the necessary examination and were admitted Licentiates in Midwifery on the 26th inst.:—

*Barratt, Arthur Newton (L.F.P.& S. Glasg.), Brighton; diploma of membership dated Dec. 19, 1865.
*Bulmer, Thos. S. (M.D. Victoria College, Toronto), Hackney; May 1, 1867.
Hubbard, Thomas W., St. Lawrence, Isle of Thanet; Jan. 19, 1869.
Hull, George A., Warwick-gardens, W.; Jan. 20, 1869.
Roberts, Owen, Silchester-road, W.; May 6, 1868.
Robinson, Charles A., Kingston, Jamaica; May 25, 1867.

* These gentlemen were not members of the College.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 20th:—

Anderton, James Parkinson, Halliwell, near Bolton.
Hardyman, Charles Edward, Bracondale, Norwich.
Kelsey, William, Monkgate, York.
Le Tall, Frederick Tindall, Woodhouse, near Sheffield.
Mills, Daniel Ernest, Nottingham.
Webster, William, King's Lynn.

As an Assistant in Compounding and Dispensing Medicines:—

Iredale, George, Leeds.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.—The election of one pensioner and five foundation scholars took place at the Freemasons' Tavern on Tuesday last, the successful candidates being Mrs. Gross, who polled 3227 votes, the pensioner; and Charles A. E. Banks 8337, Cecil B. Cogan 6987, Thomas H. D. S. F. Blackwell 6787, Oliver C. Williams 5934, Herbert R. Meese 5821 votes respectively. There were ten unsuccessful pensioners, and thirty-seven unsuccessful scholars. The Treasurer, Henry Sterry, Esq., occupied the chair, Drs. Carr, Hogg, Jonson, Ramsay, Westall, Messrs. Birkett, Dale, and Lord, members representing the Council. Far too much time is wasted in conducting this election, which in our opinion might be got through in half the time. We would suggest that in future the poll should open at 12, and close at 2 o'clock.

ROYAL GEOGRAPHICAL SOCIETY.—The anniversary meeting of this Society was held on Monday last, Sir R. Murchison in the chair. The report stated that the number of new Fellows added to the list in twelve months had been 175. The balance-sheet showed receipts amounting to £5991, against an expenditure of £4156. The total amount of funded capital is now £17,250. The usual distribution of medals having taken place, the Chairman delivered an elaborate address, in the course of which he said that, notwithstanding the absence of information respecting Dr. Livingstone, he could see no ground whatever for despondency as to the fate of that intrepid traveller. The Prince of Wales took part in the proceedings at the banquet in the evening.

WORKSHOPS REGULATION ACT.—Mr. J. H. Hilton, carrying on the business of a dressmaker under the name of Wright at 54, Brook-street, Grosvenor-square, was summoned to Marlborough-street on Friday last by Dr. Aldis, medical officer of health to St. George's, Hanover-square, for infringing this Act, and fined by Mr. Tyrrwhitt £3 and 8s. costs.

THE "Broad Arrow" states that the Royal Victoria Hospital at Suez, for the reception of soldiers who fall sick on their way to or from India by the overland route, is about to be largely reduced, with the view of diminishing the expenses of the establishment. Among other alterations, the Secretary of State for India has determined on the abolition of the post of deputy-purveyor, together with that of the assistant-surgeon. Reductions will also take place in the numbers of sergeants and orderlies of the Army Hospital Corps. These changes will be effected without delay.

INDIAN MEDICAL NEWS.—From the Indian papers we collect some items of army medical news. Deputy Inspector-General of Hospitals E. Mahaffy, C.B., has been posted to the Sindh Division of the Army. Surgeon-Major H. Stewart, Bengal Medical Service, is allowed furlough to Europe for two years, on medical certificate. Assistant-Surgeon Wishaw, Bengal Medical Establishment, has been allowed furlough to Europe for one year on medical certificate, under the Furlough Regulations of 1868. Surgeon-Major J. R. Miller has been appointed to act as Examiner of Medical Accounts during the absence of Surgeon-Major Smith on leave, or until further orders. It is understood that Dr. Cooke, acting garrison-surgeon, Trichinopoly, is to be civil surgeon at Chittoor, in succession to Dr. Fleming, who retires from the service. Dr. Peterkin, 35th Madras Native Infantry, will, it is thought, be posted to Trichinopoly.

MR. FARRANT, of Ottery St. Mary, Devon, a chemist of good means, and greatly respected, but unhappily the victim of a delusion that he was getting poor, and would die in the workhouse, has, while under the influence of that delusion, put an end to his existence with a strong dose of prussic acid. There seems to have been no ground whatever for the fears which had so disastrous an effect on Mr. Farrant's mind.

YELLOW FEVER IN SOUTH AMERICA. — The *Colonial Standard* of the 1st instant gives some shocking particulars of the prevalence of yellow fever in the South American Republics. At Tacna (Peru) the deaths from fever, from 17th of February to 31st of March, amounted to between 1200 and 1400, out of a population of about 9000. The latest accounts are, that the epidemic was unabated in its fury, the panic being so great that nurses could not be obtained at 25 dollars per day. In Callao there were 66 fatal cases of yellow fever during March. At the port of Cobija the whole population is said to have fled panic-stricken, and no living soul is to be seen in the streets.

A SAD case of poisoning by deadly nightshade has occurred in the Isle of Man, causing the immediate death of one person, and seriously affecting two others. The root was eaten in ignorance of its nature.

Medical Appointments.

BARTHOLOMEW, R., M.D., has been appointed (*ad interim*) Medical Officer and Public Vaccinator for the Parish of Dalgety, Fifeshire.

DAVIDSON, Dr. A. D., has been appointed Physician to the Aberdeen Ophthalmic Institution for 1869–70.

DAVIES, J., M.B., has been appointed Surgeon to the Llynvi Iron Works, Bridgend, South Wales.

GREEN, T. H., M.D., Lecturer on Pathology at Charing-cross Hospital Medical School, has been appointed Assistant-Physician to Charing-cross Hospital.

JONES, E. S., L.R.C.P., has been appointed House-Surgeon and Secretary to the Denbighshire Infirmary and Dispensary, vice J. Davies, M.B., resigned, and appointed Surgeon to the Llynvi Iron Works, Bridgend.

KENYON, J. K., M.R.C.S.E., L.S.A., has been appointed Medical Officer and Public Vaccinator for No. 3 District, or Parishes of Draycott, Chisledon, and Wroughton, of the Highworth and Swindon Union, Wilts, vice J. Gay, jun., M.R.C.S.E., resigned.

LANSDOWN, J. R., L.R.C.P.Ed., has been appointed a District Surgeon to the Bristol Dispensary, vice H. J. Wintle, M.R.C.S.E., deceased.

LEWIS, T., M.R.C.S.E., has been appointed Medical Officer for the South District of the Great Yarmouth Union, vice T. H. Moxon, M.R.C.S.E., resigned.

LITTLE, Mr. C. E., has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, Charing-cross.

LONDE, R. T., M.D., has been appointed a Public Vaccinator for the Everton Amalgamated District.

LONG, Mr. A., has been appointed Sanitary Inspector for the Parish of St. Mary, Newington, Surrey, vice W. Bell, M.R.C.S.E., deceased.

M'KENZIE, D., L.R.C.S.Ed., has been appointed Parochial Medical Officer for Rosneath, Dumbartonshire.

PURVIS, J. P., M.R.C.S.E., has been appointed House-Surgeon to the Royal Kent Dispensary.

THOMAS, F. A., L.R.C.P., M.R.C.S.E., L.R.C.S.Ed., has been appointed House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice F. Lovell, M.R.C.S.E., &c., resigned.

TODD, J., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Newtown Stewart Dispensary District of the Strabane Union, Co. Tyrone, vice D. J. Rutherford, M.D., resigned.

URQUHART, Mr. R., has been appointed Apothecary to the Edinburgh Royal Dispensary and Vaccine Institution, vice R. Walker, M.D., R.N., deceased.

VEITCH, A., M.D., has been appointed House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester, vice J. O. Bradbury, M.R.C.S.E., resigned.

VENNAN, Mr. H., has been appointed Dispenser to the South-Western Provident Dispensary.

WARNER, J., M.R.C.S.E., has been appointed Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice J. Bankart, F.R.C.S.E., resigned, on removing from London.

Births, Marriages, and Deaths.

BIRTHS.

CLAREMONT.—On the 21st inst., at Millbrook House, Hampstead-road, the wife of C. C. Claremont, M.R.C.S.E., of a son.

EARLE.—On the 15th of Jan., at the Taite, Wellington, the wife of B. C. Earle, M.R.C.S.E., &c., of Wanganui, New Zealand, of a daughter.

GRIBBIN.—On the 18th inst., at Great Edward-street, Belfast, the wife of E. D. Gribbin, L.F.P. & S. Glas., L.S.A., of a son.

HICKINBOTHAM.—On the 19th inst., at Nechells-park-road, Birmingham, the wife of James Hickinbotham, L.R.C.P.Ed., of a daughter.

KIDD.—On the 20th inst., the wife of Archibald Napier Kidd, M.D., F.R.C.S.I., of Armagh, of a daughter.

LITTLEJOHN.—On the 22nd inst., at Royal-circus, Edinburgh, the wife of H. D. Littlejohn, M.D., of a daughter.

LYON.—On the 22nd inst., at Dalkey, the wife of R. St. John C. Lyon, L.R.C.P.Ed., of a daughter.

MAXWELL.—On the 25th inst., at Stickney, near Boston, the wife of P. Maxwell, M.D., of a son.

MARRIAGES.

BLAKER—SMITH.—On the 19th inst., at the Parish Church, Brighton, Nathaniel Paine Blaker, Surgeon, of Old Steyne, Brighton, to Fanny Jane, second daughter of John Oliver Smith, Esq., of Richmond Villa, Brighton.

FOSTER—BURTON.—On the 18th inst., at Farnsfield, Southwell, Notts, Edward Wood Forster, M.R.C.S.E., of Chester-le-street, to Annie Maria, daughter of T. Burton, Esq.

GRAHAM—CHASE.—On the 25th inst., at Holywell Church, Oxford, Arthur R. Graham, M.A., M.B., of Weybridge, late of Peter House, Cambridge, to Eleanor Parkhurst Chase, youngest daughter of the late John Woodford Chase, Esq., formerly Captain in H.M.'s 70th Regiment of Foot.

DEATHS.

BULLAR.—On the 19th inst., Joseph Bullar, M.D., of Southampton, aged 60.

CALLAWAY.—On the 28th of Feb., at Sydney, New South Wales, Thos. Callaway, F.R.C.S.E., aged 47.

CARR.—On the 25th inst., at Newcastle-upon-Tyne, Letitia Bell, wife of Wm. Carr, Surgeon.

FLUDER.—On the 17th inst., C. J. Fluder, M.R.C.S.E., of Cromer, Norfolk.

GIMSON.—On the 18th inst., Wm. Gimson, M.R.C.S.E., of Walton, Lutterworth, Leicestershire, aged 57.

HORNER.—On the 30th inst., Jonah Horner, M.D., of Redcar, Yorkshire, aged 70.

KEATES.—On the 19th ult., at Calcutta, Dr. Wm. Keates, Deputy Inspector-General of Hospitals, Dacca.

LAXTON.—On the 15th inst., at Ebbw-vale, near Tredegar, Matthew Henry Laxton, Student at Guy's Hospital, and eldest son of Henry Laxton, M.R.C.S., of Ebbw-vale, aged 22.

MILES.—On the 20th inst., at the residence of his father, Stanborough House, Halwell, Devon, Thomas Miles, L.R.C.P., M.R.C.S.E., &c. (late of Greenwich), after a long and painful illness, aged 28.

MOORE.—On the 22nd inst., at Charles-terrace, Victoria-park, Edward Moore, M.D., L.R.C.P.I., aged 64.

NICHOLLS.—On the 13th inst., George John Nichells, F.R.C.S.E., of Bourne, Lincolnshire, aged 76.

SUTTON.—On the 17th inst., at Cambridge-terrace, Regent's-park, Charles Frederick Sutton, Surgeon, late of Wragby, Lincolnshire, aged 71.

WEAVER.—On the 23rd inst., at Christleton-road, Chester, John Davies Weaver, Consulting Surgeon to the Chester Infirmary, aged 40.

WHITCOMBE.—On the 24th inst., at Cleobury Mortimer, Edmund Bancks Whitcombe, M.R.C.S.E., L.S.A., aged 63.

Medical Diary of the Week.

Monday, May 31.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Stellar Astronomy."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. George Harris, "On the Mental and Moral Distinctions of Sex."—Mr. J. M'Grigor Allan, "On the real Difference in the Minds of Men and Women."

Wednesday, June 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Report of the Infant Mortality Committee.—Dr. Lawson Tait, "On a Case of Reduction of Chronic Inversion of the Uterus."—Dr. Barnes: "A Demonstration of a New Method of Embryotomy."—And other papers.

Thursday, June 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."

Friday, June 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Annual Meeting; Reports of Council and Treasurer; Election of Officers for the ensuing Session.—Narration of Cases.
ROYAL INSTITUTION.—6 P.M. Prof. Odling: "Simplest Organic Compounds."

Saturday, June 5.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Deutsch, "On Semitic Culture."

Notes, Short Comments, and Answers to Correspondents.

THE SOUTHWARK WATER COMPANY'S SUPPLY.

AT the last meeting of the St. Olave's Board of Works, a communication was read from the Southwark Company relative to Dr. Vinen's Report on the turbid state in which water had been supplied to his district during the present year. The Company states that the "exceptional occasions," when the supply was not clear in quality, originated in the heavy rains, which caused the waters in the upper Thames to be in so turbid a state as to prevent the discoloration being entirely removed by the ordinary processes of subsidence and filtration. The Directors say that additional reservoirs and filter-beds at Hampton will be available in a few weeks, and that new and large depositing reservoirs are about to be constructed at the Battersea works. Dr. Vinen remarked upon those statements, that turbidity had been the rule, and not an "exceptional" condition of the Company's water, which every month had contained, moreover, "living organisms." He evidently did not like the contemplated additions to the Battersea works.

Medicus.—According to the latest official returns, there were in the public and private asylums of England and Wales 32,606 insane persons, of whom 15,220 were males, and 17,385 females.

THE interesting paper of *Mr. Spencer* shall appear next week.

DEATHS IN THE LYING-IN WARD OF ST. JAMES'S WORKHOUSE.

OUR contemporary, the *Pall Mall Gazette*, on Monday last, had an "occasional note" on a case of alleged ill-treatment in the lying-in ward of the above workhouse, in which "note" the medical officer was rather severely handled. We have taken the trouble to investigate the matter, with the following result. It is quite true that a poor woman, named Rees, was confined in the lying-in ward of the St. James's Workhouse, and that on the following morning both she and her child were found dead. But it is altogether untrue that "she was left with her child without help of any kind, or that she suffered from neglect." She was admitted on the Wednesday afternoon in the first stage of labour. She was placed in the lying-in ward, which is clean, well ventilated, and provided with every necessary comfort. The midwife possesses a certificate of competence and an excellent character for humanity, and there has not been a death in this ward for many years. The woman was confined early on Thursday morning, and received the usual food and attention given to such cases. On Thursday evening the ward was visited by the President of the Poor-law Board and by some of his inspectors, and the remarkable immunity from disease and death formed a subject of comment. At this very moment the deceased woman was breathing in the same way as was described by the attendant nurse, and it is positively certain that there was not at that moment the slightest apprehension as to her state. There was a helper in the bed opposite, and four other women in the ward, whilst the midwife's bed was within easy call. It is, therefore, probable that the death took place quite suddenly, without the chance of giving any warning—an inference made more certain by the fact that she was found dead, lying in exactly the same position as that in which she was observed to go to sleep. After death it was found that the heart weighed 15½ oz., and that other important organs were extensively diseased. The child died from imperfect respiration, the lungs never having been thoroughly inflated. We believe that the guardians attach some slight blame to the medical officer for not having attended immediately when called to the deceased; but it is perfectly obvious that his arrival could have had no possible influence upon the result. It is, no doubt, important that the request of a midwife for assistance should be acceded to with promptness; but the rarity of such summonses at St. James's Workhouse may offer some excuse. We may add that if all lying-in wards were as well and successfully managed as that of St. James's Workhouse, there would be little occasion to complain.

A Constant Reader.—Certainly not. Individual members of the profession form themselves into Societies for special purposes; but the profession itself is the whole, of which the several Societies are parts.

Enquirer.—The women in question could probably recover a day's wages for work and labour done, or the amount agreed on between themselves and the patients.

APPEAL TO THE BENEVOLENT.

DR. ANDREW CLARK, Dr. LANKESTER, and Mr. HUTCHINSON present their compliments to the Editor of THE LANCET, and beg to acknowledge the receipt of subscriptions as under, in answer to their appeal on behalf of the destitute widow of a medical man. They will be glad to be able to report further sums next week.

James Smart, Esq., F.R.C.S., Victoria Park ...	£1	1	0
Joseph Bell, Esq., Edinburgh	1	1	6
Dr. Barr Meadows, Piccadilly	1	1	0
Dr. Andrew Clark...	5	5	0
Mr. J. Hutchinson	3	3	0
X. Y. Z., per Dr. Andrew Clark...	1	1	0
J. T., per ditto	0	10	0

A Regular Subscriber, (Haslingden.)—We do not remember any recent work exclusively devoted to the subject. Consult Reynolds's System of Medicine and Holmes's Surgery.

Dr. J. W. Keyworth shall be replied to in our next number.

PETROLEUM.

A BILL to consolidate and amend the law relating to the safe keeping of petroleum and other substances of a like nature has been laid before Parliament by the Home Secretary and Mr. Knatchbull-Hugessen. Under the section prohibiting the storage of petroleum, unless for private use, within fifty yards of a dwelling-house without a licence, the Bill exempts petroleum kept by a dealer for sale by retail provided the following conditions are complied with:—1. That it is kept in separate glass or earthenware bottles, each of which contains not more than half a pint, and is securely corked. 2. That the aggregate amount kept by the dealer, supposing the whole contents of the bottles to be in bulk, does not exceed *three gallons*. Another new feature of the Bill is that, instead of the inspection and testing of petroleum being confined to inspectors of weights and measures, "any officer authorised by the local authority" may purchase samples and test them, subject, as before, to the revision of his decision by a competent chemist on the dealer's appeal. In other respects the Bill coincides with the Act of 1868.

Mr. E. Morris.—There is no reason to suppose that there existed any diseased condition, as the circumstance mentioned by our correspondent is not at all uncommon with sparrows; at least so we are assured by those who have observed their habits.

CONDY'S FLUID.

AN erroneous statement was contained in our Report of the Metropolitan Cattle Market, published in THE LANCET of last week. The serum of blood is in no way used in the preparation of the above fluid.

Dr. Mackenzie Bacon shall receive a private note.

AN INCREASED SUPPLY OF FISH.

WE are glad that our allusion to this important subject has excited discussion. The accuracy of some of Mr. Mitchell's statements has been challenged by extensive fish factors in London. Mr. Mitchell may be safely left to answer for himself, as he may have opportunity; but in the meantime, taking the deepest interest in any scheme which seems to promise an improvement in the food of the people, we may point out what seems to us answers to those who defend the present fish supply of London. One of the statements of Messrs. Bell and Co. is that the London market is abundantly supplied. Now, in regard to this statement, we simply differ from the fish factors. We see no indication of an abundant supply. Fish is a luxury rather than a food; an article used by the rich, for which in respectable neighbourhoods they have to pay prices that seem very artificial, and that suggest monopoly. Fish, to become food for the poor, must be immensely cheapened—cheapened so as to leave a margin for the use of butter and other accompaniments to make it palatable to the English poor, who, it must be admitted, have not a great relish for it. Unless it can be greatly cheapened, we see little interest in the question raised by Mr. Mitchell's evidence; but if his version of the facts be true, it seems reasonable to suppose that we may get fish very much cheaper than we have ever had it hitherto. His critics in the fish trade deny the statement that the Scotch coast in the Moray Firth teems with every variety of fish. Here is a point of fact on which the public, or, at any rate, public men, may judge between Mr. Mitchell and his critics. Mr. Mitchell, in his evidence before the Society of Arts, showed that, according to the Report of the Commissioners, the supply has been increasing progressively through several decades, and that this increase holds good of the last few years. For example, the cure of herrings for all Scotland and the Isle of Man—the supply coming principally from the Moray Firth—was, in 1865, 683,526 barrels; in 1866, 658,146; and in 1867, 825,580 barrels. These facts take from the value of any merely individual experience. Still, of course, the question is a commercial one. But the great supply, coupled with the great increase in facilities for rapid transmission, make out a case for the consideration, as we have said, both of the Government and the Corporation of London. It is undeniable that the masses of the people are underfed with nitrogenous food; and the fish supply is one to which physicians and philanthropists may look for some relief, if the trade will only not interpose artificial hindrances.

Mr. John Black, (Greenock.)—We have made an attempt to get through our correspondent's communication; but life is really too short to complete the performance, and we have too much regard for our readers to inflict his letter on them.

Assistant-Surgeon J. H. Jeffcoat's paper is in type.

THE NEW VACCINATION ACT.

To the Editor of THE LANCET.

SIR,—I beg to forward you a copy of a memorial sent by the Guardians of the Llanelly district to the Poor-law Board.

I remain, Sir, your obedient servant,

Clydach, Abergavenny, May 25th, 1869. WM. F. TUCKETT.

To the President and Members of the Poor-law Board.

MY LORDS AND GENTLEMEN,—We, the undersigned, being all the guardians of the parish of Llanelly, with only one dissentient, and all the *ex-officio* guardians of the same parish, hope that you will not sanction the plan of vaccination proposed by the Board of the Crickhowell Union on the 10th May instant. It appears to us that it is contrary to the Act to appoint a vaccinator before the boundary of the new district has received the sanction of your Board, and we consider it inexpedient and an injustice to appoint a young and inexperienced practitioner in the place of Mr. Tuckett, who has for twenty-one years given the greatest satisfaction as medical officer and public vaccinator both to the district and, as we are informed, to your Board, from whom he has received a gratuity for his successful vaccination.

We further consider that the proposed new district, being twelve miles in length from one extremity to the other, and requiring four additional stations, would entail great extra expense on the ratepayers.

Mr. Tuckett was induced to resign his appointment as vaccinator on the understanding that it was requisite to do so to make a new contract under the Vaccination Act of 1867.

We hope you will further take into consideration the long immunity we have enjoyed from small-pox, when the whole surrounding districts have been ravaged by it, before you sanction any alteration.

We remain, gentlemen, your obedient servants,

LAUNCELOT POWELL, J.P.
JOHN JAYNE, J.P.
ARTHUR GRIFFITHS, Rector of the Llanelly Parish, and elected Guardian.
GEORGE HICKS, elected Guardian.
JOHN JUDD, elected Guardian.

A. Z.—We think the issue of such notices by a single practitioner is absolutely indefensible, because they are unfair to other medical men practising in the same locality. Such clubs should only be commenced by concerted action on the part of all, or at least of the majority, of the surgeons in the neighbourhood.

J. C. S.—We think it is not right for a practitioner to apply for Club appointments already held, and known to have been held for years by another practitioner.

THE M.D. OF BERLIN.

A Constant Subscriber to THE LANCET wants information as to the period of residence, examination, and fees in the case of the degree of M.D. of Berlin. He should make direct application to the University.

A HARD CASE.

THE case of Dr. Hammond, of Haslemere, the facts of which have been communicated to us, appears to be a very hard one. This gentleman for six years had been one of the district medical officers of the Midhurst Union; but, not residing in his district, was subjected to annual re-election. In the early part of last February complaint was made against him of neglect of duty, and the statement was forwarded by the Board of Guardians to the Poor-law Board, who called upon him for an explanation. Subsequently, by a letter dated March 24th, he was officially informed that an inquiry would be instituted by the inspector of the district, and this latter gentleman wrote and requested Dr. Hammond to furnish the names of such witnesses as he would require for his defence, with the view to their being subpœnaed. On the same day he received from the Clerk of the Midhurst Board a letter dated the 23rd, informing him that the guardians would not require his services beyond the 25th—i. e., the next day. Feeling convinced that this sudden resolution to determine his appointment had originated from the animus excited against him by the charges which had been preferred, he wrote to the Central Board, complaining of the injustice that had been done him by his sudden dismissal when inquiry into the truth of the allegations was absolutely pending, and further requesting that the investigation should proceed, seeing that the statements made were calculated to affect his professional reputation injuriously. The Poor-law Board, however, in their reply, stated that Dr. Hammond having ceased to be a medical officer of the union, it was not the rule to hold any official inquiry under such circumstances, and informed him that it was quite competent for the guardians to determine his office, seeing that he was non-resident, and therefore only temporarily appointed. On subsequently appealing to the guardians, he was simply referred to the letter of the Poor-law Board. It appears to us that if the guardians had decided to remove this gentleman at the end of his year of office, it was hardly necessary that they should have forwarded the statement of charges to the Poor-law Board, thereby causing preliminary steps to be taken with the view to an open inquiry, and calling public attention to the complaint, which in rural districts is a very serious matter for a medical gentleman; nor was it just on the part of the Poor-law Board to intimate that they were about to hold an inquiry, and then decline to proceed as soon as they learnt that the local Board had summarily dismissed their officer. Perhaps, after all, it was a juggle between the Board above and the one below, to save the latter the expense, and the former the trouble of an official inquiry. Whether this conclusion be the correct one or not, the story is another illustration of the scant consideration which the Poor-law medical service too frequently receives at the hands of guardians and the Poor-law Board.

Mr. Joseph Carruthers.—The answer to both questions would depend upon the special contract between the surgeon holding the appointment alluded to and those from whom he received it.

A Twenty Years' Subscriber.—Too late for this week.

Mr. Hodges.—We must have misunderstood our correspondent's original question.

SICK CLUBS.

To the Editor of THE LANCET.

SIR,—Our attention has just been called to a note which appeared in your issue of the 8th instant, in which Mr. W. C. Dempsey complains that the ex-medical officers of this town are seeking to get back Clubs on old terms. We emphatically deny that we have ever sought any appointment to a Club since Mr. Dempsey has thought proper to supersede us at a lower rate than we asked, unless at an increased rate of remuneration. A few of our Clubs certainly thought proper to retain our services in preference to those of Mr. Dempsey, but in all cases at an increase, and we do not hold any Club appointments at a less sum than 4*s.* per member per annum; and although we have been frequently solicited so to do, we have repeatedly refused to allow ourselves to be nominated as medical officers to any Society at the old rate.

We are, Sir, yours truly,
JAMES BEATTY,
HENRY SAINSBURY, } Surgeons, &c.

Oldbury, May 8th, 1869.

A Subscriber of Fifteen Years thinks that the profession would be more profitably engaged in joining to uproot quackery than in refined restrictions of the use of each other's titles. L.R.C.P. Lond. may announce his standing on his door-plate with great propriety.

M.D. University of Pennsylvania.—Our correspondent cannot register, in the present state of the law, in England.

Dr. R. Duncan.—In our next number.

Muckart.—The newspaper report of this case is in very bad taste, and we sincerely hope that Dr. Brotherston and Dr. Duncanson are no parties to it.

ACUPRESSURE.

A CORRESPONDENT interested in the question suggests to Mr. Lawson Tait that he publish his experiments, and so enable independent observers to form their own opinions of their value. It would also assist materially if Mr. Tait would put his preparations at the service of observers, and last, though not least, say on how many occasions, and in what arteries, he has used torsion. Our correspondent does not doubt the high value of Mr. Tait's inferences or opinions; but he points out that the whole subject is one of fact.

Mr. E. Gaylor's important letter on "Animal Vaccination" shall be published in our next impression.

A Constant Reader.—A civilian is not entitled to the use of a cockade in his servant's hat.

Boscobel.—It is of little consequence, if the fit of the truss be good.

ALLEGED ILL-TREATMENT OF A LUNATIC AT THE BRENTFORD WORKHOUSE.

THE medical officer of the Brentford Workhouse has reported that a pauper lunatic, named Ratcliff, belonging to Ealing parish, has been seriously ill-treated by the attendant of the imbeciles. It is alleged that the man was forced down and struck upon the stomach, blood coming from his mouth. It appears that Ratcliff is a dangerous lunatic, for whom no room can be found in any of the neighbouring asylums; and if so, it may well happen that the attendant was compelled to use some violence, not knowing any better method of dealing with the case. The whole subject, however, is in the hands of the guardians, who have promised a thorough investigation.

PEAMEAL AND OATMEAL.

B. U., (Chelsea.)—Peameal contains the largest amount of nutritious matter; but the chemical is not always the physiological value of food. It is apt to disagree. According to different analyses, oatmeal gives 13·6 of nitrogenous substance, 69 of starch and sugar, 5·6 of fat, 2·86 of salts, 12·5 of water, and the rest cellulose. The *Leguminosæ* are distinguished by their very large amount of nitrogenous substance, called legumin or casein. In salts they are richer than the *Cerealia*, especially in potash and lime, but rather poorer in phosphoric acid and magnesia. They contain a good deal of indigestible matter; but are very nutritious and useful when much exercise is taken, and as an addition to meat and cereals. Peas contain—water, 14·5; legumin, &c., 22·3; starch, dextrine, and sugar, 52·6; cellulose, 4·9; fat, 2; with a considerable quantity of salts.

Dr. Tayler's paper on "Scurvy" shall appear in our next impression.

B.—We must decline.

Mr. Chesterman.—The matter shall receive attention.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I last week received a "Private Friend's" form from the Office of the Life Association of Scotland. I wrote them to the effect that I objected to fill up their form, unless I had some promise from them that my fee would be paid for so doing, as I was not their officially appointed referee. Per return came the usual answer. Following Mr. Hardy's example, I forwarded them your remarks on Dr. Day's case from THE LANCET of April 3rd, and asking if they had any objection to my sending you our correspondence on the subject. The result was simply what I have found in cases before—i. e., they replied that they had written to my friend for the name of another friend, but made no mention of the extract I enclosed them, nor did they express any wish for the matter to be brought forward in your journal. I enclose you copies of the letters.

I am, Sir, yours faithfully,
R. BOND MOORE, L.R.C.P.L.

Wolverhampton, May 18th, 1869.

May 11th, 1869.

SIR,—I have this morning received a communication from your Office, requesting me to fill up a form concerning the health of Mr. ———. As I am not officially appointed referee for your Office, I write to know your fee for a medical certificate. On the receipt of such information, I shall be happy to return you the required form filled up; but cannot do so unless I have some security in the way of a promise of payment of the usual fee from you.

I am, Sir, yours, &c.,
R. BOND MOORE.

The Resident Secretary, Life Association of Scotland.

Life Association of Scotland's Office, 5, Lombard-street, E.C.,
London, May 12th, 1869.

SIR,—I am favoured with your letter of yesterday's date. On again referring to the form sent, you will find that the report asked for in the case of Mr. ——— is not a professional one, but merely that of private *friend*. We always pay fees for medical reports, and therefore do not like parties to refer to medical gentlemen as private friends; but I presumed you would not object to act in that capacity, seeing that Mr. ——— referred to you as such, and that he and you are members of the same profession.

I am, Sir, your obedient servant,
THOS. FRASER, Res. Sec.

R. B. Moore, Esq., Surgeon, 18, Victoria-street, Wolverhampton.

If you are Mr. ———'s medical attendant, then we must not ask you to report as private friend, but, if need be, as medical attendant.

May 13th, 1869.

SIR,—I have known Mr. ——— intimately for some years. We were dressers and afterwards house-surgeons together. I object to reply to your queries—even for so intimate a friend—in a matter in which the interest of the profession is at stake. You say "that you do not like to accept medical men as references." If so, why do you do it? or else why not pay the usual fee for what is essentially a "medical certificate"?

Should you not feel disposed to comply with my request, of course you will have no objection to my sending our correspondence to THE LANCET. I enclose you an extract from a recent number of that journal on the subject.

I remain, Sir, yours, &c.,
R. BOND MOORE.

The Resident Secretary of the Life Association of Scotland.

Life Association of Scotland's Office, 5, Lombard-street, E.C.,
London, May 14th, 1869.

SIR,—I am favoured with your letter of yesterday's date, and, in reply, beg to state that as you object to report as private friend of Mr. ———, I have asked him to name another private friend.

Our practice for many years has been to refuse the names of medical practitioners as private friends, unless the lives proposed be medical gentlemen. In such cases we usually find that the private friends named are members of the profession; and that, although exception be taken to them, the proposers almost invariably prefer that application be made for the reports, notwithstanding, assigning as a reason that their most intimate friends are members of the profession.

I am, Sir, your most obedient servant,
THOS. FRASER, Res. Sec.

Dr. R. Bond Moore, 18, Victoria-street, Wolverhampton.

A F.R.S. ON SLEEP.

Macmillan's Magazine for this month contains an interesting and suggestive paper on "Sleep," by F.R.S. The author points out the erroneous idea which existed, that the physiological condition of sleep was parallel to the pathological state of coma, and that in both a congestion of the vessels was present. He cites Mr. Durham's and Dr. Hammond's experimental observations on the brains of animals to prove that, during sleep, the diminution or cessation of the cerebral functions is intimately related to the greatly diminished vascular supply, and he goes on to show that this condition is induced through the action of the vaso-motor nerves in contracting the smaller cerebral arteries. He conceives that there is an inverse relationship between the activities of those parts of the sympathetic nervous system which supply these arteries and the cerebrum or brain itself—a kind of antagonism between the nervous system of organic and that of animal life. It is perfectly consistent, he says, with other known physiological phenomena for us to imagine that in general, so long as we are awake, and the brain is in a condition of functional activity, an influence emanates from it along those nerve filaments by which it is in connexion with the cervical sympathetic ganglia, of a repressive, or, as physiologists would say, of an *inhibitory* nature. So long as this inhibitory stimulus streams down from the active brain above, the action of these sympathetic ganglia is restrained; but when, after the fatigues of the day, &c., the vigour of the brain is diminished (as relaxed or wandering attention testifies), then there comes a moment of abstraction, when the inhibitory action of the brain is too slight to hold in check the sympathetic ganglia, which begin to discharge their accumulated force, so as to lead to a contraction of the cerebral arteries, and a diminished supply of blood to the brain. As the brain energy still further diminishes, the freedom of the cardiac ganglia from cerebral control is rendered more perfect, and sleep more profound. The nutritive repair which takes place, however, during sleep restores the irritability of the nerve-cells of the brain, so as to render them capable of responding to slight impressions through one or other of the sensory organs, such as would have passed utterly unnoticed soon after sleep had been induced. He concludes with a few allusions to the phenomena of dreaming, and the different requirements of different individuals as regards their amount of sleep.

A Liverpool Correspondent is thanked. The matter is commented upon in another part of the journal.

Mr. John B. Hamilton.—There can be no objection to a letter to the Poor-law Board; but we fear our correspondent has no remedy.

Equus.—Dr. Maudsley's book on the Pathology of Mental Disease.

REMOVAL OF LUNATICS FROM NEWINGTON WORKHOUSE.

To the Editor of THE LANCET.

SIR,—In your article last week on the removal of certain harmless lunatics from the Newington Workhouse, there are a few words likely to mislead the public, and which I have therefore to ask you to be good enough to correct. You say that you "do not think the guardians are justified in removing them." Their removal was not only not the act of the guardians, but contrary to their wish. It was done in the interval between two Board days, without the knowledge of the guardians, by the medical officer. As soon as ever it came to the knowledge of the Board, they unanimously censured the medical officer for the proceeding, and directed that on no account should it be repeated. I am, Sir, your obedient servant,

WILLIAM S. CURTIS, M.D.,
Chairman of the Newington Board of Guardians.

Kennington-park-road, May 26th, 1869.

Mr. W. D. Moore writes to us with reference to an advertisement which appeared in THE LANCET of the 22nd instant for a resident medical practitioner for the Glyncorrwg Colliery, strongly recommending any member of the profession who takes the appointment to have a letter of agreement drawn out by his solicitor, and signed by the manager or secretary of the colliery, guaranteeing the £150 a year, which it is said the workmen's payments amount to. As far as private practice is concerned, Mr. Moore (who at present is the occupant of the post) states that he has "never received a single fee from a private patient."

St. Mary's Hospital Medical School.—The report is in type, and shall appear in our next impression.

Mr. Matthews, (Christchurch.)—Yes.

BY a typographical error, "Mr." Sneade Brown was last week styled "Dr." in our remarks relative to the sanitary state of Bath.

Mr. G. M. Egles.—Many thanks.

IDIOPATHIC EPILEPSY.

To the Editor of THE LANCET.

SIR,—A young man under my care suffers from a mild form of idiopathic epilepsy, and there is one peculiarity in his case I wish to submit to your readers. For several days previous to an attack, his person and linen are pervaded by a persistent and highly disagreeable odour, which entirely subsides after the usual fits. This is the more remarkable in his case, as he pays the most scrupulous attention to cleanliness in all its details. During the intervals he enjoys very good health, and the family of which he is a member are all particularly healthy.

Now, if the before-named odour should suggest to any of your readers either the pathology or the most successful mode of treating the disease, they, by making such hints available through the medium of your valuable journal, will confer a great obligation on,

Yours truly,

May 25th, 1869. A COUNTRY SURGEON.

P.S.—He has tried with little benefit the usual remedies—viz., bromide of potassium, ammonio-sulphate of copper, &c. &c.

CENTENARIANS.

IT is very provoking that the public cannot be allowed to enjoy the small modicum of romance which ordinary nineteenth century life occasionally evolves. About the age which exceptional individuals amongst us are sometimes alleged to attain, for example. A much-believing clergyman no sooner writes to the papers, saying that one of his flock either lives, or has just died, at the "great age of a hundred and ——" something, than remorseless Mr. Gradgrind, the "man of facts and calculations," comes down on the unlucky parson like a sledge-hammer, and either proves by his hard stubborn logic that two and two make four instead of six, or else that two persons identical in name have been confused together in making up the term of existence of the supposed centenarian. As we noticed last week, the chaplain of Morden College, Blackheath, thought he had a genuine case of centenarianism in the College, and wrote as much to *The Times*. Immediately Mr. William J. Thoms is down on him with the cutting remark that baptismal certificates alone—the "undoubted proof" upon which he supposed the chaplain relied—"are among the most fruitful sources of error in these matters;" and, from his experience in similar cases, is evidently disposed to question the identity of the child mentioned in the baptismal certificate and the venerable inmate of Morden College. A second letter from the chaplain contains, however, so many specific details in reference to his case as seem to indicate that the identity is pretty clearly established. Alleged centenarians are, we observe, becoming rather plentiful in the newspapers—we have two or three cases before us now,—but the extreme difficulty of establishing absolute identity of persons with documents, coupled with the many instances of failure on proof, must necessarily tend to encourage scepticism on the point. Physiologically there would seem to be no reason why the eighty and ninety years not uncommonly attained by persons in this country might not in exceptional cases be extended over the limit of a century; and certainly at the end of so long a lifetime, one would suppose that ten or fifteen years could hardly make so much difference in disposing of questions of identity as seems to be assumed by the disbelievers in centenarianism.

Advertising Quack, Anti-Quackery, and others.—The subject will probably be noticed in our next.

Mr. J. F. Milner.—We are decidedly of opinion that our correspondent has a good case against the Board of Guardians, and can recover the fee. We would, however, advise that he obtain the opinion of some other surgeon, and afterwards subpœna him to attend at the County Court, as in such case his expenses and fee will be allowed. It is a pity Mr. Milner should have resigned his appointment. Far better if he had fought out the question to the end before leaving the service of such a Board.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Marion Sims, Paris; Prof. Buchanan, Glasgow; Mr. Spence; Mr. Biekerstath, Liverpool; Dr. Carr; Dr. Cortis; Dr. Manissi, Pienza; Dr. Gervis; Mr. Dunn; Mr. Ricketts; Messrs. Beatty and Sainsbury, Oldbury; Mr. R. Hopkins, Camberwell; Mr. Adams, Bungay; Dr. Lipscomb; Mr. Bussey; Dr. Evers; Mr. Hamilton; Dr. Hickinbotham, Birmingham; Mr. Eden, Charlton; Dr. Laseron, Tottenham; Mr. Clarke, Colney Hatch; Mr. J. C. Johnson; Mr. Coles; Mr. Crane, Oban; Dr. Gribbin, Belfast; Mr. Morgan, Ipswich; Dr. Miles, Halwell; Mr. Hodges; Dr. O. T. Thompson; Dr. T. H. Green; Dr. Watson, Glasgow; Mr. Malton; Mr. Collis, Manchester; Mr. Laxton, Ebbw Vale; Mr. Howard, Eltham; Dr. Williams, Mold; Dr. Moore, Neath; Mr. Clow; Mr. Salterthwaite; Mr. Franks; Mr. Whitcombe, Birmingham; Dr. Lowther, Bedale; Mr. Coombe, Dudley; Mr. Lomas; Mr. R. Cleaver, Whitby; Mr. Greame; Mr. Lewis, Frome; Mr. Tilson; Mr. Robinson; Dr. Hughes; Dr. Kidd, Armagh; Mr. M'Turk; Mr. Barber; Mr. Geary; Dr. Allbutt; Mr. Greening; Mr. J. Carruthers, Portland; Dr. Sandiford; Mr. Earle, Wanganui; Dr. Ross, Newchurch; Mr. Meade; Mr. Grindlay; Dr. Chain, Liverpool; Mr. Brown, Clifton; Mr. H. Lee; M. Vaillant; Mr. Warlter, Dudley; Mr. Lyne, Castlebar; Mr. Matthews, Chislehurst; Mr. Leggatt, Eastry; Dr. Fraser; Dr. Prowse, Amersham; Mr. Gascoyen; Dr. Evans, Narberth; Mr. C. F. Sutton, Holmes Chapel; Mr. W. Hodges, Cirencester; Mr. Kenyon; Dr. Graham, Oxford; Mr. Gregor; Mr. Turner; Mr. Tarrant; Mr. Blaker, Brighton; Dr. Sharpe, Cootehill; Dr. Weaver; Dr. Lodge, Liverpool; Dr. Thomas, Plymouth; Mr. Alfred; Mr. Black, Greenock; Mr. Walker, St. Andrews; Mr. Bennett, York; Mr. Dickson; Mr. Maund; Dr. Berncastle, Melbourne; Mr. Fenn; Mr. Mackay, Stockton; Dr. M'Leod, Julpigoree; Mr. Tuckett, Clydach; Dr. Maxwell, Stickney; Mr. E. S. Green, Settle; Dr. M'Carthy, Egbaston; Mr. Masters; Dr. Bullar, Southampton; Mr. Clemow; Western Medical and Surgical Society of London; Surgeon; Orthography; A Constant Reader; A. B.; Chemicus; Alpha, Canterbury; One who does not Advertise; M. A.; A. F.; F.R.C.S.; Cam; Medicus; A Country Surgeon; A Subscriber of Fifteen Years; W.; A Regular Subscriber; R. D., Pontypool; A. Z.; M. B.; J. W. K.; M.D.; Enquirer; H. L.; &c. &c.

New York Journal of Medicine, Brighton Times, Leeds Evening Express, Brighton Guardian, New York Medical Gazette, Colonial Standard, Leeds Mercury, Liverpool Albion, Brighton Gazette, Stratford Mercury, New York Medical Journal, Middlesex County Times, Brighton Herald, Ayr Observer, Liverpool Mercury, Newcastle Journal, Bristol Times, Mechanic, Brighton Observer, Bournemouth Directory, Hertfordshire Express, Sydney Morning Herald, Illustrated Australian News, Western Mail, Sherborne Journal, Lincolnshire Chronicle, Nottingham Guardian, Australian Medical Gazette, Gateshead Observer, and *Scarborough Gazette,* have been received.